



# ***NEO RHIO***

Northeast Ohio Regional Health Information Organization



**OneCommunity  
Northeast Ohio Regional Health Information  
Organization**

**Federal Communications Commission  
Rural Health Care Pilot Program**

**Quarterly Data Report**

**HealthNet**

**September 30, 2010**

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## **Quarterly Report June 30, 2010**

### **1.0 Project Contact and Coordination Information**

#### **1.1 Project Leader**

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#### **1.2 Project Coordinator**

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#### **1.3 Legal and Financial Agent**

OneCommunity is the organization that is legally and financially responsible for the conduct of activities supported by the award and is listed on the Internet at [www.onecommunity.org](http://www.onecommunity.org).

OneCommunity is a nonprofit organization that serves Northeast Ohio by connecting public and nonprofit institutions to a next-generation fiber-optic network; enabling those institutions to offer enhanced, innovative solutions and transforming the region's image and economic future by attracting outside investment and creating business and job opportunities.

OneCommunity currently serves educational, governmental, research, arts and cultural, nonprofit and health care organizations across Northeast Ohio. OneCommunity currently provides network connections that provide access to these regional assets. The OneCommunity network is supported 24/7.

## 1.4 Community Support Collaboration

The OneCommunity and the Northeast Ohio Regional Health Information Organization (NEO RHIO) is providing community support and open HealthNet workshops for the regions healthcare community and will be hosting additional Telemedicine activities promoting collaboration. OneCommunity and NEO RHIO are both non-profit corporations serving Northeast Ohio. They are inclusive, multi-stakeholder collaborations dedicated to improving the quality, safety and efficiency of healthcare in Northeast Ohio through the use of information technology and the secure exchange of health information and incorporation of Telemedicine in our regional rural and urban healthcare systems.

Throughout this project, healthcare stakeholders, directly and indirectly affiliated with this project, receive a quarterly update on project status and programs that have influence on this project.

## 1.5 State and Regional Project Coordination

OneCommunity, NEO RHIO, local, county and state government along with other key medical and technology partners have coordinated this project under the name of **HealthNet**. With OneCommunity and the NEO RHIO as the central drivers, a collaborative outreach program has been designed and implemented and initial workshops have been heralded throughout Northeast Ohio. The outreach program identified key components of the project and presented a detailed overview. Some organizations received one to one presentations. A communications desk has been set up to answer any ongoing questions along with an internal SharePoint site for communication, document repository and document revision control.

There are some recent updates to our quarterly report as described in the Key Objectives Met section.

### 1.5.1 Outreach Communication Objectives

- Federal Communications Commission - Vision
- Rural Health Care Pilot - Goals
- What Does It Mean For Northeast Ohio?
- HealthNet Overview
- HealthNet Services
- HealthNet Benefits
- Communication with local, regional and state government
- Communication of government stimulus package and benefits for FCC Healthcare project
- Quarterly stakeholders status update

### 1.5.2 Key Objectives Met

- Evaluated 36 vendor proposals
  - Vendor scorecard
  - Followup vendor meetings for response verifications
- Vendors award completed in early June, 2009
- Project moved into vendor kickoff meeting phase
  - Constructed detailed project plan with payment milestones
  - Developed a specific SharePoint site for project and field-based updates
  - Initiate weekly vendor update meetings
  - Customer project books created and distributed
    - Milestone reports
    - Baseline work effort diagrams
    - Sources and uses of funds
    - Procurement model and schedule
    - Invoicing cycle
  - Project moved into execution phase (contractor engagement)
- Enhanced sustainability model

## 2.0 Healthcare Facilities Included in this Network

As the Letters of Agency signature process evolved there were several modifications made to the hospital data in Table 2.1. This was principally in the area of contact names, contact information and the removal of a few hospitals that will participate in a 2<sup>nd</sup> RFP. There were no material changes to the hospital data or impact on the project.

All the hospital organizations that are part of the current HealthNet project are non-profit. There are multiple urban hospitals interested in participating in the HealthNet project. These urban centers are all non-profit. To the best of our knowledge and investigation, all rural organizations should be eligible under section 254 of the 1996 Act and the Commission's rules. The following table gives detail information on the hospitals Counties, addresses, zip code, Rural Urban Commuting Area (R UCA) code, contact information and phone number for each healthcare facility participating in the network. Contact persons may change at any time. We are currently engaged in discussions with other rural non-profit institutions that will participate in leveraging HealthNet. OneCommunity currently has over 72 hospitals, clinic and healthcare service organizations using HealthNet. With the expansion through the FCC RHCP Project, HealthNet will be expanding services to 16 rural Hospitals authorized under the agreement but will also be able to include additional rural health care institutions covering their own costs to connect.

All healthcare facilities in table 2.1 are public, non-profit, eligible entity under section 254 of the 1996 Act.



Table 2.1 - HealthNet Rural Hospitals – LOA Completed

Svstem	Census	County	Facility Name & Address	RUCA	HPSA	Contact	Phone
System	Census Track Code	County	Facility Name & Address	RUCA C O D E	HPSA	Contact Names	Phone
	9705.00		<b>Health System</b> 1025 Center Street Ashland, OH 44805				
CCHS	0006.01	Ashtabula	<b>Ashtabula County Medical Center</b> 2420 Lake Ave Ashtabula, OH 44004 <b>Glenbeigh of Rock Creek</b> 2420 Lake Ave Ashtabula, OH 44004	2  2	HPSA  HPSA	Kevin Miller,  Kevin Miller, CEO &	440-997-6520  440-997-6520
	0011.00	Ashtabula	<b>Jefferson Health Center</b> 222 East Beech St. Jefferson, Ohio 44047	3		Kevin Miller, CEO &	440-997-6520
UHHS	0001.03	Ashtabula	<b>Conneaut Medical Center</b> 158 West Main Road Conneaut, OH 44030 <b>Geneva Medical Center</b> 870 West Main Street Geneva, OH 44041	2  4.2	HPSA  HPSA	Rich Frenchie,  Rich Frenchie, CEO	440-593-1131  440-593-1131
CHN & CC5	0411.00	Erie	<b>Firelands Regional Medical Center</b> 1101 Decatur St. Sandusky, Ohio 44870	1		Chuck Stark, Dan Moncher,	419-557-7400 419- 557-
CHN & CC5	9956.00	Huron	<b>Fisher Titus Medical Center</b> 272 Benedict Ave., Norwalk, OH 44857			Pat Martin, CEO Wendy Melching,	419-668-8101 419- 663-
CC5	0505.00	Ottawa	<b>H.B. Magruder Memorial Hospital</b> 615 Fulton Street, Port Clinton, OH 43452	4	45780	Dave Norwyne,	419- 557-
CC5	9622.00	Sandusky MUA	<b>Bellevue</b> 811 NW St. Bellevue, Ohio 44811 <b>Memorial (Fremont)</b> 715 S. Taft Ave Fremont, OH 43420	7.3  4.2	HPSA  HPSA	Mike Winthrop, Alan Ganci, CFO  Al Gorman, CEO Rick Ruppel,	419-557-7400 419- 557-  419-668-8101 419- 663-
	0216.00	Tuscarawas MUA	<b>Twin City</b> 819 N. First Street Dennison, OH 44621 <b>Union Hospital</b> 659 Boulevard Dover, OH 44622	4  4	HPSA  HPSA	Marge Jentes,  Bill Harding,	740-922-2800  330-343-3311
	0003.00		<b>Wooster Community</b> 1761 Beall Ave. Wooster, Ohio 44691	4		Bill Sheron, CEO	330-263-8100
	9917.00	Coshocton	<b>Coshocton County Memorial Hospital</b> 1460 Orange Street Coshocton, OH 43812	4		Seth Peterson	740-623-4128
	9767.00	Holmes MUA	<b>Joel Pomerene Memorial Hospital</b> 981 Wooster Road Millersburg, Ohio 44654	10.5	HPSA	Tony Snyder,	419-557-7400

	9521	Columbiana	<b>East Liverpool City Hospital</b> 425 West 5 <sup>th</sup> Street East Liverpool, Ohio 43920	4		Frank Mader – Director of IT Services	330-386-3186
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**Table 2.2 - Pending LOA Hospitals**

System	Census Track Code	County	Facility Name & Address	RUCA C O D E	HPSA	Contact Names	Phone
Mercy Health Partners	9963.00	Huron	<b>Mercy Hospital – Willard</b> 10 East Howard St. Willard, Ohio 44890	4.2		Joe Glass	419- 251-8982
	0001.00	Seneca	<b>Fostoria Community</b> 501 Van Buren St. Fostoria, Oh 44830	4	HPSA	Tim Jakacki, CEO	419-435-7734
	0007.00		<b>Mercy Hospital – Tiffin</b> 2355 Tiffin Avenue Findlay, OH 45840	4	HPSA	Joe Glass	419-251-8982
	0011.00	Wayne	<b>Dunlap Memorial</b> 832 South Main Street Orrville, OH 44667	7.4		Rod Steiger, CEO	330-682-3010

### 3.0 Network Narrative

- a) At the core of the network OneCommunity uses a Core DWDM system using Fujitsu Flashwave 7500 platform. This platform allows the out of the box capacity of 64 Lambda channels. By adding Wave Switching services an additional 16 channels for a total of 80 Channels, the Wave Switching system allows up to eight degrees, which allows 4 separate DWDM rings to terminate into a single system. This allows Lambda's to be digitally cross connected from one ring to another. The Flashwave 7500 system supports all major transport services such as 1Gbps, 10Gbps, 40Gbps and sub rated Gigabit optical services for Ethernet delivery. The network also supports SONET services such as OC-3, OC-12, OC-48, OC-192, and OC-768. The platform can also transport SAN traffic using Fibre Channel and can transport proprietary optical protocols using alien waveform transponders. Over the next year Fujitsu will be releasing their 100Gbps transponder that allows the aggregation of 10Gig and 40 Gig channels over a single channel.

The DWDM transport system drops into the core Ethernet routing system for regional transport of Ethernet Traffic. OneCommunity at its core uses primarily Cisco Catalyst 6000 series Multilayer switches. The Core system uses a MPLS platform on its 6500 series for Layer 2 and Layer 3 transport. For layer 2 OneCommunity deploys an EoMPLS solution that allows Layer 2 Ethernet to be routed through the network using the Layer 3 functionality of MPLS. The EoMPLS tunnels enter the network usually as Dot1Q trunks or Access Ports, encapsulated into MPLS Packet stream and tagged for Routing. The MPLS Tagged traffic is routed to its remote node and converted back into a Dot1q Trunk or Access port. For Layer 3 Routing MPLS allows the creation of MPLS VPN's called Virtual Routing Forwarders (VRF). This allows OneCommunity to create



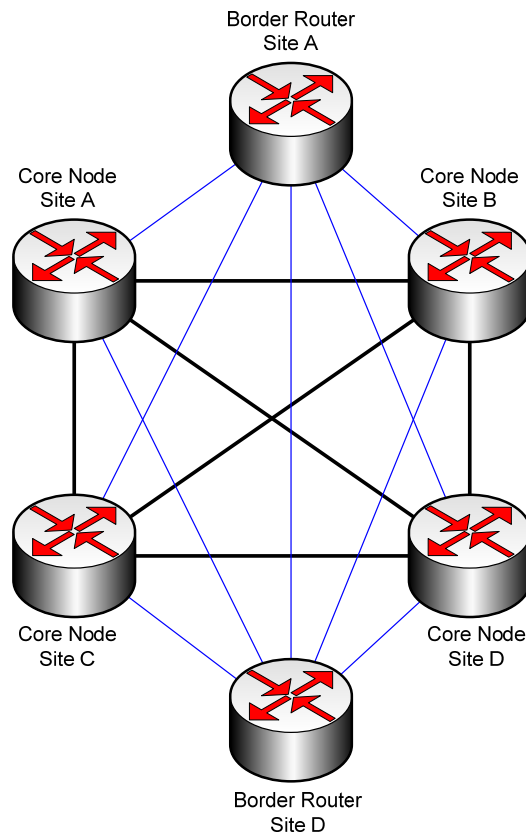
MPLS VPN's for each customer on the network. The MPLS VPN only handles the routes associated with that VPN and is not shared with other VPN routing tables or the core routing Table. This ensures that each customer has the highest level of security possible. Having multiple MPLS VPN's for customers is like have multiple private routers dedicated to that customer, but allows the use of shared links throughout the network. MPLS VPN's can be private and only route between customer endpoints, or a MPLS VPN can have access to the Internet to create a Public/Private network. Each Core Access device has Multiple Supervisor 720-3BXL for redundancy. All core connections are at a minimum of 10Gbps. All chassis have dual power supplies using 6000W connection to a local UPS and Generator Protected power system.

Upstream Internet service providers are attached to the OneCommunity network using Border Routers. Border routers use Cisco Catalyst 6500 series chassis and have high capacity links to the upstream provider. The Border Layer is fully meshed with every other border element in the network for maximum redundancy. OneCommunity has multiple upstream providers with connections not only locally but also has out of state connections to various up-stream providers. OneCommunity receives full routing tables for each upstream provider, and receives 26000 plus public routes.

- b) Customers and service providers attach to the OneCommunity network at the access Layer. The access layer is connected to at a minimum of (2) core layers that allow for maximum redundancy. Each access layer depending on site size is a Cisco Catalyst 3560G-12D, Cisco 3750-12S, or Cisco Catalyst 6500 Series Devices. In most cases the access device has Dual Power supplies and is connected to a UPS and generator-backed power system.
- c) The border layer provides OneCommunity's connection to its upstream peers. The border routers receive full routes from upstream, and are strategically injected into the core layer. The border layer is always fully meshed with all other border routers and core routers. OneCommunity uses Cisco 6504 Chassis with Supervisor 720-3BXL for all its border routers.

*Key points for the Border Layer Design Standards:*

- The border layer is used to provide connectivity to OneCommunity upstream providers;
- OneCommunity will has (3) primary upstream providers and (3) secondary upstream peers.
- The (3) primary upstream providers are Global Crossing, Level 3 Communications, and Cogent Communications. These peers provide connectivity to the general Internet on a regional, national and international level;
- The (3) secondary upstream peers include National Lambda Rail (NLR), OARNet, and Internet 2. These peers provide connectivity to other networks that have transport to specialized or proprietary networks;
- Each border router connects to at least two (2) core layer nodes to provide upstream redundancy and failover.



- d) OneCommunity has designed a DWDM based infrastructure that uses MPLS network transport services. Healthcare sites will connect via a dual-path entrance fiber system that can provide backbone services at 1 Gbps speeds. Other laterals requiring a wireless connection will connect at 100 Mbps. The HealthNet network connects into Internet2 national backbone through a BGP peering gateway on the OneCommunity fiber backbone.

Estimated fiber construction, network region, is as follows (zone maps provided on following pages):

<u>Eastern Zone</u>	<u>Western Zone</u>	<u>Southern Zone</u>
<u>202,734 ft. (U)</u>	<u>562,023 ft. (U)</u>	<u>538,461 ft. (U)</u>
<u>148,028 (A)</u>	<u>410,366 ft. (A)</u>	<u>393,162 ft. (A)</u>

U – Underground  
A – Aerial

- e) OneCommunity had deployed Solar Winds the powerful and flexible monitoring system. Solar Winds network Performance Monitor enables you to quickly detect, diagnose and resolve network performance problems and outages. It offers views

that are designed to deliver the critical information network engineers need. A series of powerful modules extend Solar Winds management capabilities to Network infrastructure, VoIP infrastructure, NetFlow traffic analysis, wireless devices, and applications.

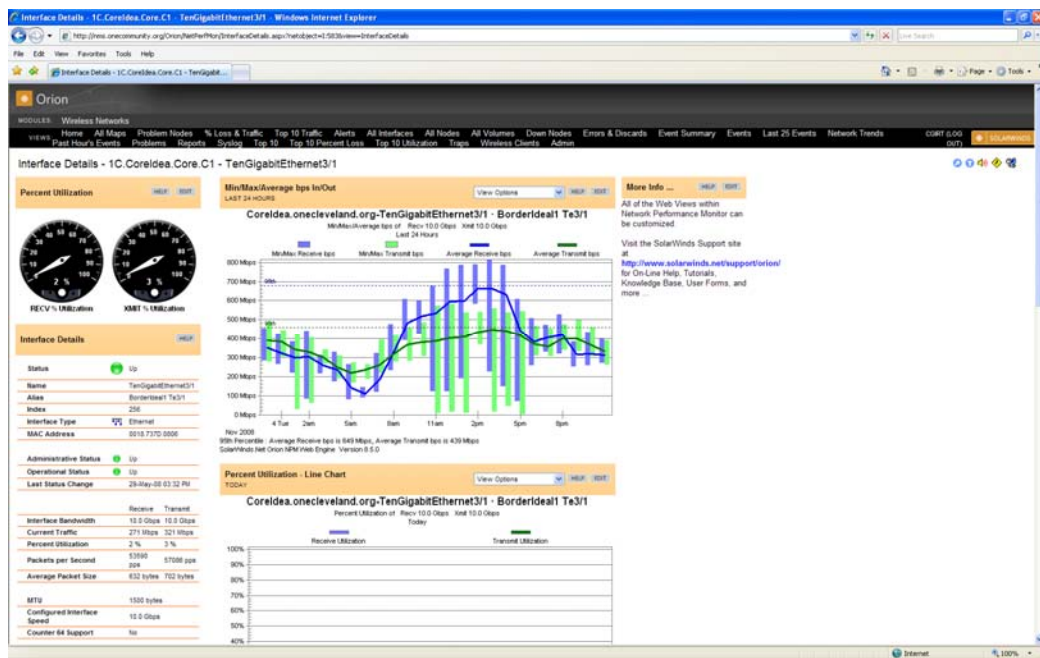
- Monitors and analyzes **real-time, in-depth network performance metrics** for routers, switches, servers, and any other SNMP-enabled devices
- Provides a highly **intuitive, customizable web interface** with point-and-click simplicity that supports multiple views by user and department, as well as cutting-edge map views and “Top 10” views of your global network
- Gets you up and running in less than an hour with Orion NPM's **do-it-yourself deployment**
- Enables **advanced alerting** for correlated events, sustained conditions, and complex combinations of device states
- Scales to **accommodate growth** and management needs with a hot standby engine, multiple polling engines, and additional web servers
- **Extends management capabilities** to NetFlow traffic analysis and monitoring of VoIP performance, wireless devices, applications and servers
- Leverages a **Universal Device Poller** to monitor any SNMP-enabled device
- **Orion Application Performance Monitor**  
Orion Application Performance Monitor (APM) extends Orion's powerful monitoring capabilities to applications and servers. OneCommunity can get the visibility into the performance of applications and the underlying operating systems and servers they run on. APM delivers a one-stop shop for monitoring network, application, and server data in a single, unified console, enabling you to quickly identify and resolve issues with business-critical applications – before they affect your end-users.
- **Orion NetFlow Traffic Analyzer**  
Orion NetFlow Traffic Analyzer (NTA) enables you to capture flow data from continuous streams of network traffic and convert those raw numbers into easy-to-interpret charts and tables that quantify exactly how the corporate network is being used, by whom and for what purpose – enabling you to shut down the bandwidth hogs.
- **Orion VoIP Monitor**  
Orion VoIP Monitor allows you to proactively analyze VoIP quality across WAN links, as well as monitor the underlying systems and protocols that the VoIP environment relies upon, providing complete integration with Orion NPM and offering the same scalability that you've grown to love in Orion NPM. VoIP Monitor's simulation-based approach with IP SLA alerts you to problems and enables you to fix them before an end-user can notice any voice quality issues.

- **Orion Wireless Network Monitor**

Wireless Network Monitor extends the management capabilities of Orion to wireless access points and associated wireless clients and sessions. Network professionals who are responsible for supporting wireless network devices rely on Wireless Network Monitor to perform activities, such as monitoring wireless access points (APs) for signal strength and quality, supporting 802.11-compliant APs via standard and vendor-proprietary SNMP MIBs, monitoring client statistics for Cisco wireless APs, recording historical session activity of clients that roam from one AP to another, and more!

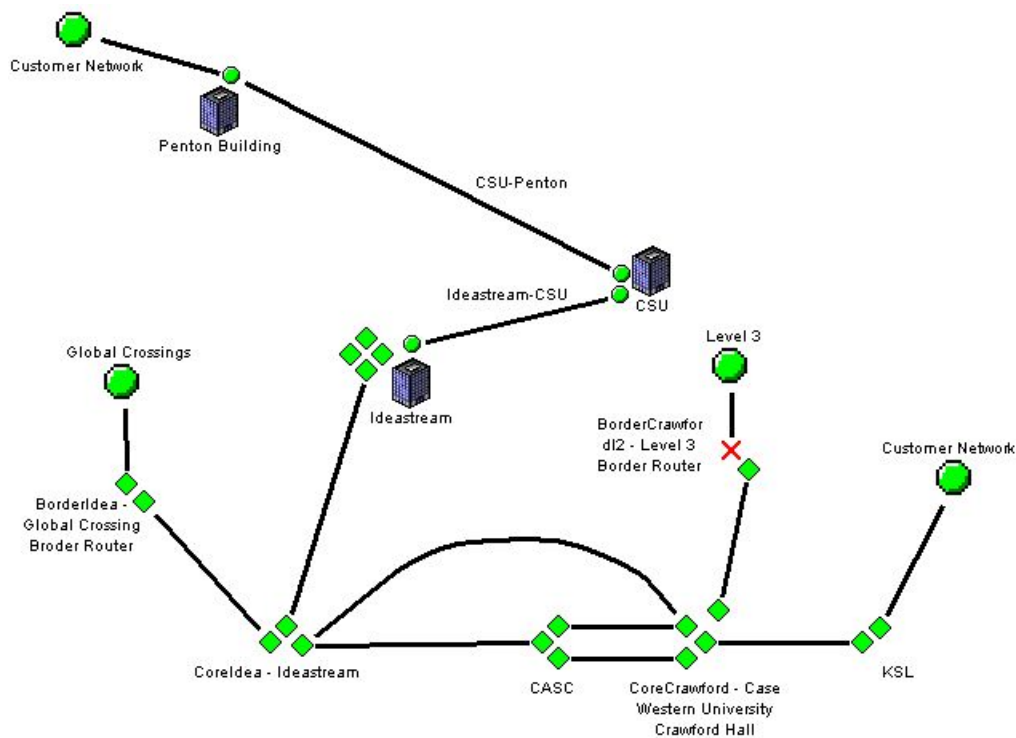


Typical Web view of a Network Device



Typical Interface View

Solar Winds also delivers a powerful web based tool that can be customized for specific customer needs. OneCommunity can give customers access to their network elements to show a real-time view into network statics that are customizable to the customer's specifications.



Customized Customer Map View

## Customer Monitoring

OneCommunity can also offer its monitoring services to a customer network. This would ensure that a customer has 7x24x365 monitoring on its critical network elements. OneCommunity can offer monitoring of Network Devices such as Switches, Routers, Firewalls, Servers, Voice Gateways, Call Managers, or any other SNMP enabled devices. OneCommunity can offset companies IT services by ensuring that issues are brought to the customer's attention before they become a major outage. OneCommunity can also act as a service agent for the customer and open and track trouble tickets with various carriers or internal resources.

## Network Management

OneCommunity has broken its network management functionality into 5 distinct areas or departments. These areas include Engineering, Operations, Administration, Maintenance, and Provisioning.

- **Engineering** ensures that the network is designed to provide maximum reliability by focusing on network construction. The Engineering Department designs the OneCommunity network to be fully redundant at all layers and in the event of a failure that the network has the ability to re-route traffic to reach its destination.
- **Operations** deals with keeping the network (and the services that the network provides) up and running smoothly. It includes monitoring the network to spot problems as soon as possible, ideally before users are affected. OneCommunity has Network Operations Engineers on staff 7x24x365 days a year to deal with internal and customer network issues
- **Administration** deals with keeping track of resources in the network and how they are assigned. It includes all the "housekeeping" that is necessary to keep the network under control. Administration is also part of the Network Operations Center and is in charge of customer event notifications, Change Management procedures, and ensuring that communications is withheld between the customer base and the OneCommunity staff.
- **Maintenance** is concerned with performing repairs and upgrades - for example, when equipment must be replaced, when a router needs a patch for an operating system image, when a new switch is added to a network. Maintenance also involves corrective and preventive measures to make the managed network run "better", such as adjusting device configuration parameters. Maintenance is usually performed by the network operations center if the issue is in house and performed by Field Engineering if the issue resides at a remote co-location or customer premise.
- **Provisioning** is concerned with configuring resources in the network to support a given service. For example, this might include setting up the network so that a new customer can receive voice service. This function is performed, depending on complexity by the network operations center or the engineering staff.

## Network Management Tools

Solar Winds and OneConnect are the primary network management tools used to ensure proper reporting, asset management, software/firmware management, IP management, and various other parameters used in daily network operations.

**Reporting** – The Solar winds is the primary tool used to generate reports for network statistics and performance. The tool also provides various reporting functions such as link capacity, device capacity, and advanced information on the network to allow the engineering department to ensure it has ample lead times for network augmentations.

**Asset Management** – The Solar Winds tool allows OneCommunity to track its assets that have been deployed to have a quick view in the event that a specific device needs security updates or replacement.

**Software/Firmware Management** – This function of Solar Winds allows the OneCommunity Operations and Maintenance staff ensures that all devices on the network have to most up to date software/firmware revisions. This includes critical security updates for network servers, IOS upgrades for Routers and Switches, and software upgrades for the regional transport systems. When a new revision is released for a particular device the device will generate a minor alarm to make the network operations center aware of new updates.

**IP Management** – Solar winds has a robust IP management tool that allows OneCommunity Engineering and operations staff keeps detailed records of its private and public IP space. It will also allow administration to SWIP IP space to ARIN for public address registration.

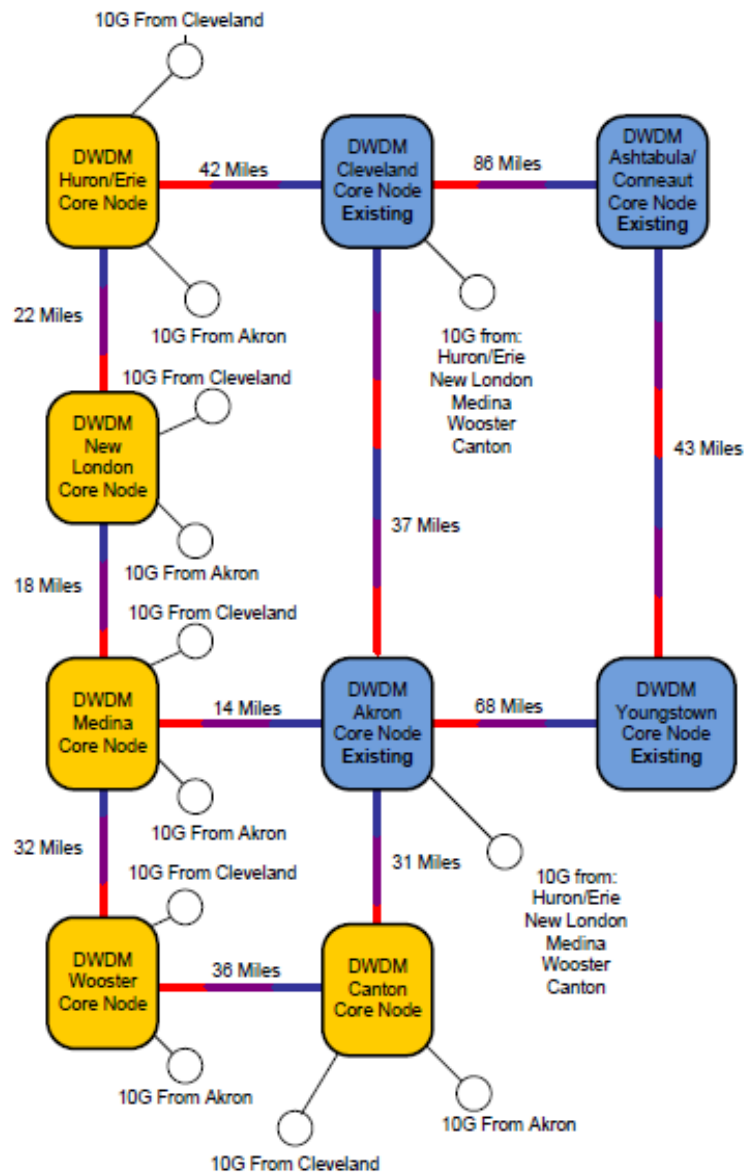
Other powerful tools that are native to Solar winds are the engineering toolkit. This feature rich package allows the network operations and maintenance staff to use powerful tools to isolate issues or troubles. This package includes discovery tools, real time monitoring tools, diagnostic tools, and a Cisco specific tool kit.

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## 4.0 List of Connected Healthcare Providers

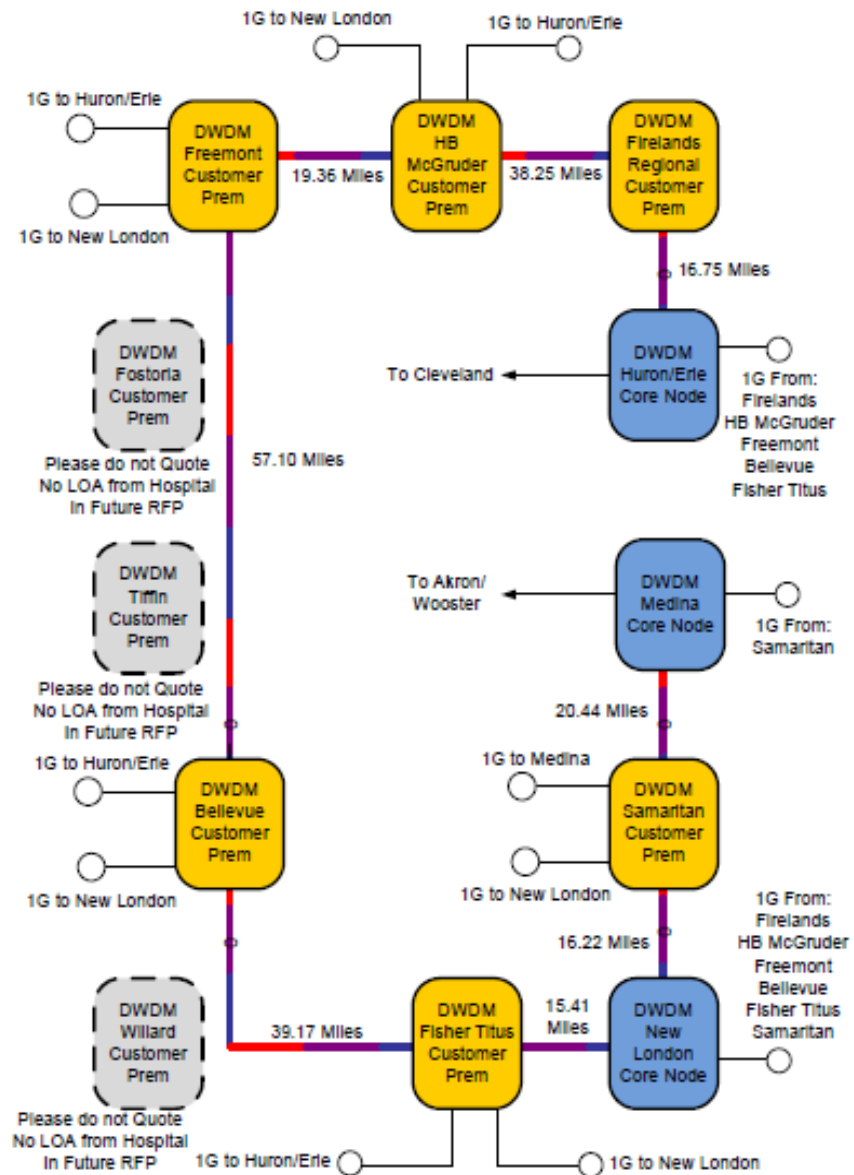
a-g) Additional information will be available within this section as we move forward into infrastructure build and connecting each of the 16 healthcare entities into the broadband network. None of the 16 healthcare locations are connected at this time as OneCommunity is working on fiber installation, both underground and aerial. The lateral, last mile connections, are estimated to begin late fall, 2010.

### 4.1 Logical Network Diagrams

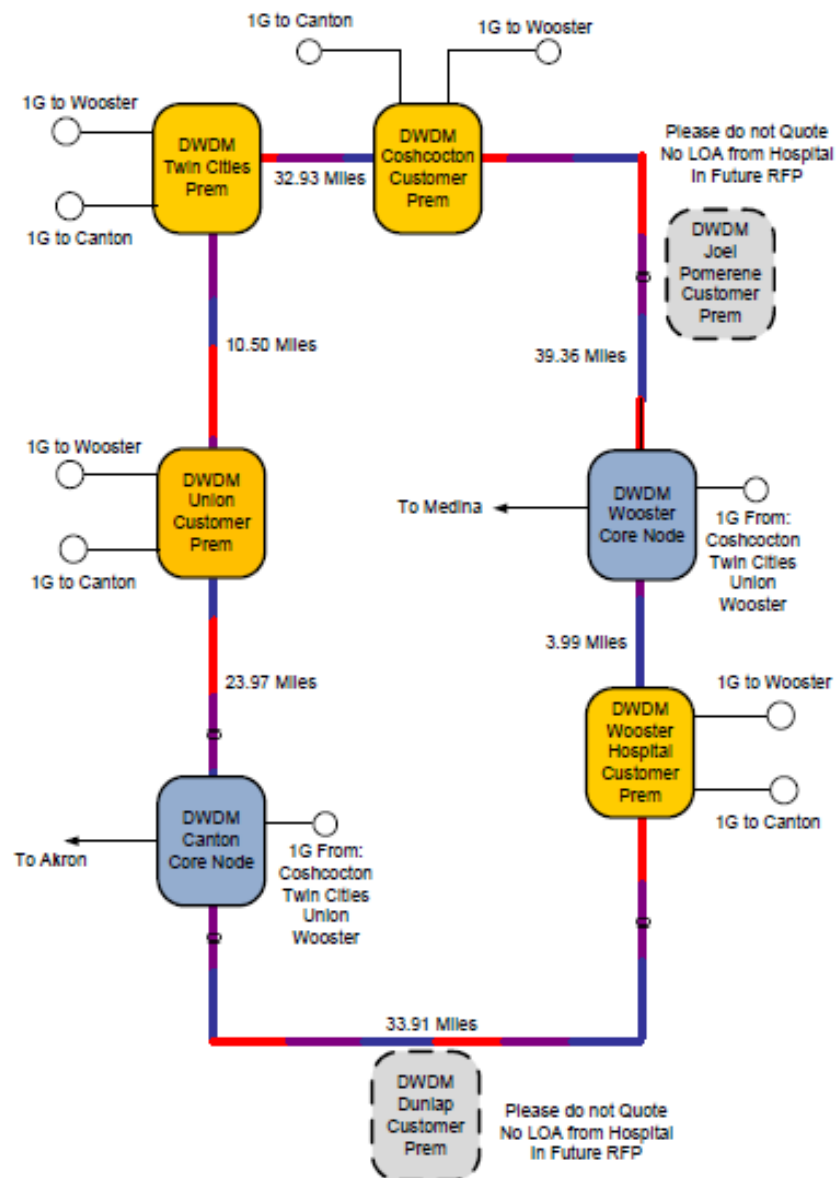


#### 4.1.1 DWDM Backbone Network Design

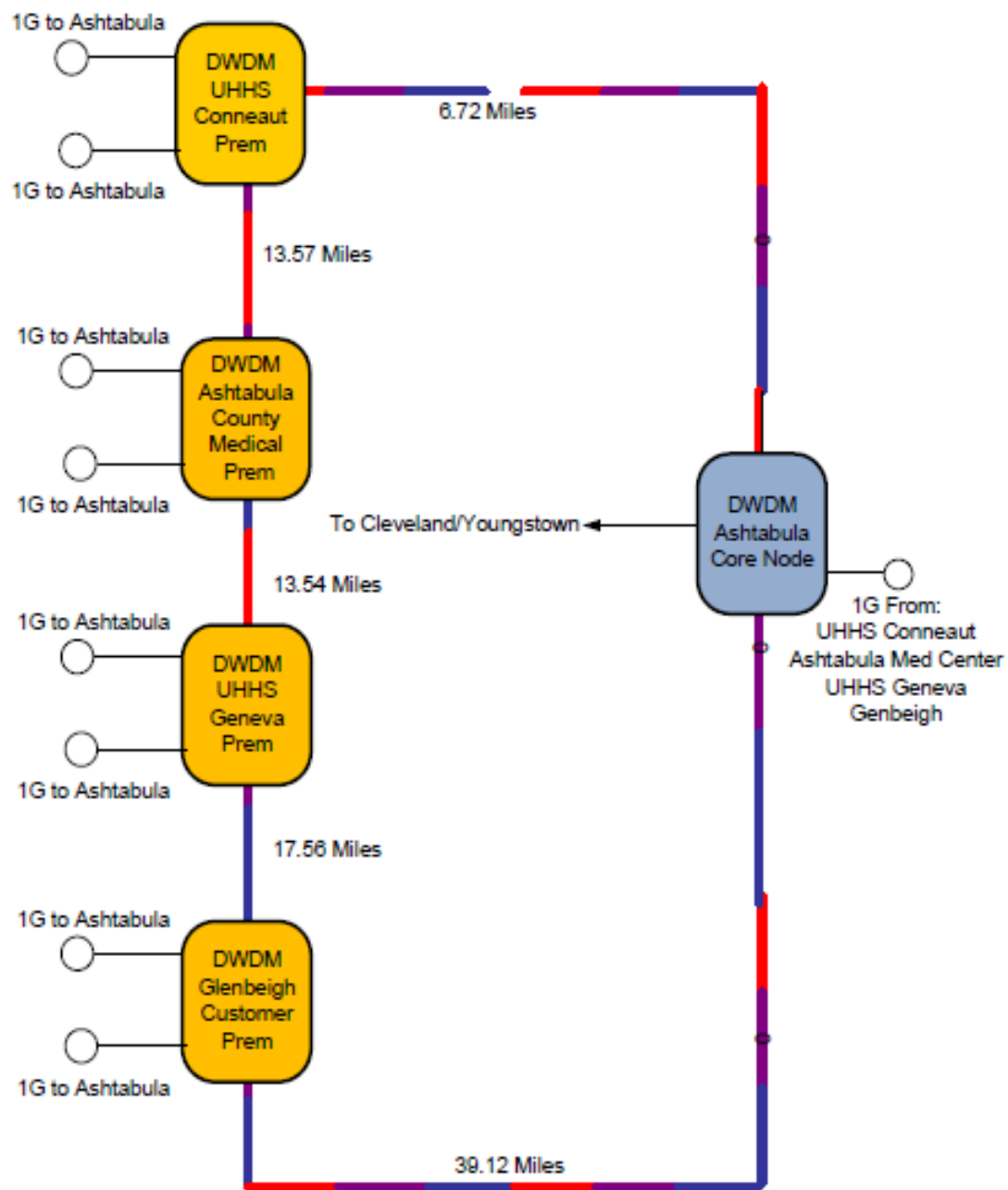




#### 4.1.2 Western Ring Network Design



#### 4.1.3 Southern Ring Network Design



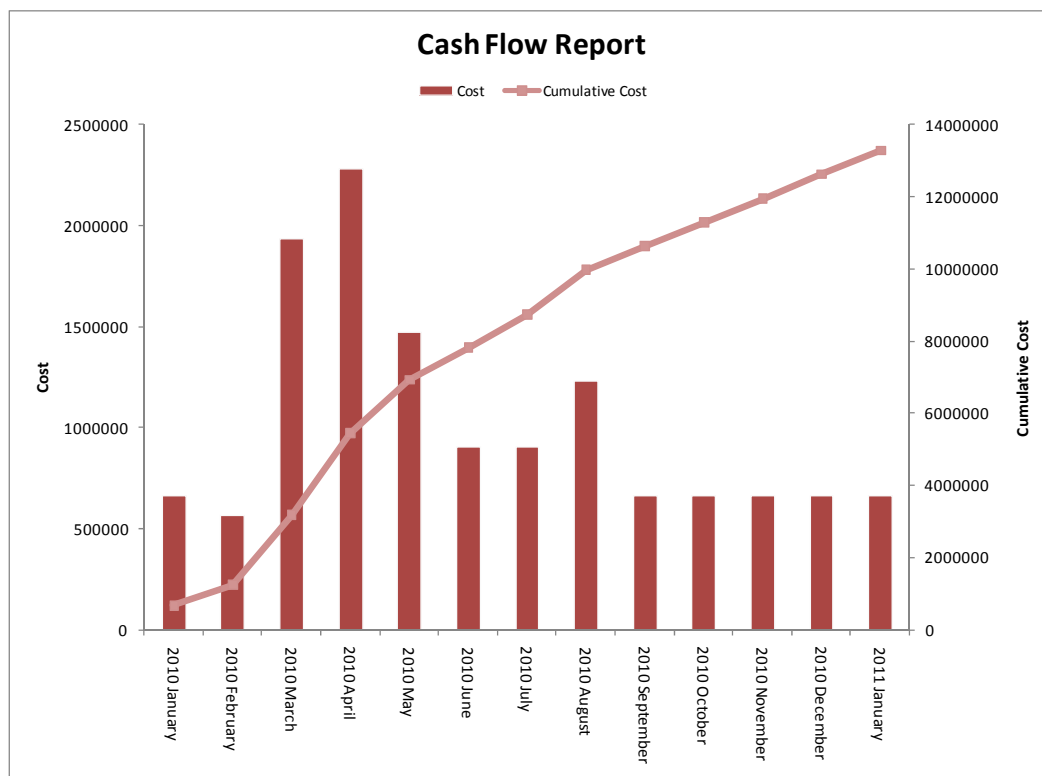
4.1.4 Eastern Ring Network Design

## 5.0 Budgeted vs. Actual Costs – Recurring and Non-recurring

Actual information is available as we complete the first quarter of this project. The budgeted and actual portion of the table at this point within the project has been completed with the actual costs updated per quarter as we progress through the project. All costs are non-recurring construction costs.

		<b>Budgeted</b>	<b>Actual</b>
<i>Backbone equipment</i>	<i>Fujitsu</i>	1,376,214.00	\$ 1,376,214.00
	<i>Texcel</i>	\$ 421,331.40	\$ 421,331.40
<i>Fiber Material Cost</i>	<i>OFS Fitel</i>	\$ 1,320,604.80	\$ 880,485.94
<i>Build Material Cost</i>	<i>AD Technologies</i>	\$ 371,287.12	\$ 123,762.37
	<i>Multilink</i>	\$ 96,857.85	\$ 96,857.85
<i>Fiber installation</i>	<i>GNJ</i>	\$ 7,324,121.77	\$ 4,272,404.36
<i>Make ready (paid by 1C) &amp; permits</i>	<i>OneCommunity</i>	\$ 1,081,313.64	\$ 723,462.89
<i>Construction management</i>	<i>OneCommunity</i>	\$ 649,972.06	\$ 387,274.97
<i>Ring equipment cost</i>	<i>Texcel</i>	\$ 509,955.60	\$ 509,955.60
<b>Project Cost</b>		<b>\$ 13,277,882.36</b>	<b>\$ 8,791,749.38</b>

The Cash Flow report shown below details the budgeted cost by month and the accumulative budget cost for the project.



The exhibit below shows actual cost by project task group.

<u><i>Fiber</i></u>	<u><i>Construction Equipment</i></u>	<u><i>Network Equipment</i></u>	<u><i>Labor</i></u>	<u><i>Permits and Make Ready</i></u>	<u><i>Total</i></u>
\$ 880,485.94	\$ 220,620.22	\$ 2,307,501.00	\$4,659,679.33	\$723,462.89	<b>\$8,791,749.38</b>

## 6.0 Cost Distribution and Funding Sources

Vendor contracts, equipment acquisition and provisioning is in progress; however, circuit connectivity has not been established and no customer premise equipment has been placed. No costs have yet been incurred. When invoicing begins, the following will apply:

- a) All participants are eligible. Costs are allocated among partners based on the contracted connectivity and hardware specified for their subsidiary health care provider sites.
- b) Sources of funds from:
  - i. Eligible Participants: partners will pay the fifteen percent (15%) contribution for their subsidiary health care provider sites from commercial loans.
  - ii. There are no ineligible sites in the HealthNet supported network during this phase of the project.
- c) There are no grants anticipated from local, state or federal sources at this time.
- d) The capability to connect broadband level connectivity to locations that otherwise would not be served for essentially fifteen percent (15%) of the total cost, enables Intranet based services within the OneCommunity network to be distributed to rural locations. Additional healthcare services can be provided on a wider scale through network expansion to a targeted audience, in this case rural healthcare providers, which is a strategic goal of the OneCommunity business model.

Cost Distribution by Healthcare Facility

	Texcel	Fujitsu	OFS Fitel	AD Technologies	Multilink	GNJ	OneCommunity (Make-ready)	OneCommunity (Construction Management)	OneCommunity (Permits)	Total Cost per Healthcare Facility
Ashtabula County Medical Center	\$ 58,205.44	\$ 86,013.38	\$ 44,469.58	\$ 23,205.45	\$ 6,053.62	\$ 240,454.03	\$ 35,397.00	\$ 21,276.93	\$ 4,139.92	\$ 519,215.33
Coshocton County Memorial Hospital	\$ 58,205.44	\$ 86,013.38	\$ 171,616.86	\$ 23,205.45	\$ 6,053.62	\$ 957,143.07	\$ 141,197.00	\$ 84,872.84	\$ 16,479.21	\$ 1,544,786.85
East Liverpool City Hospital	\$ 58,205.44	\$ 86,013.38	\$ 22,469.02	\$ 23,205.45	\$ 6,053.62	\$ 122,889.17	\$ 19,738.20	\$ 11,864.50	\$ 2,115.79	\$ 352,554.55
Firelands Regional Medical Center	\$ 58,205.44	\$ 86,013.38	\$ 177,306.64	\$ 23,205.45	\$ 6,053.62	\$ 1,106,240.50	\$ 145,901.54	\$ 87,700.72	\$ 19,046.23	\$ 1,709,673.50
Fisher Titus Medical Center	\$ 58,205.44	\$ 86,013.38	\$ 74,763.82	\$ 23,205.45	\$ 6,053.62	\$ 414,668.95	\$ 61,115.18	\$ 36,736.02	\$ 7,139.39	\$ 767,901.23
Glenbeigh Hospital of Rockcreek	\$ 58,205.44	\$ 86,013.38	\$ 81,338.70	\$ 23,205.45	\$ 6,053.62	\$ 334,266.04	\$ 66,551.54	\$ 40,003.79	\$ 5,755.09	\$ 701,393.03
H. B. Magruder Memorial Hospital	\$ 58,205.44	\$ 86,013.38	\$ 82,729.54	\$ 23,205.45	\$ 6,053.62	\$ 459,284.97	\$ 67,701.54	\$ 40,695.05	\$ 7,907.55	\$ 831,796.53
Jefferson Healthcare Center	\$ 58,205.44	\$ 86,013.38	\$ 75,396.02	\$ 23,205.45	\$ 6,053.62	\$ 418,209.91	\$ 61,637.91	\$ 37,050.23	\$ 7,200.35	\$ 772,972.29
Memorial Hospital	\$ 58,205.44	\$ 86,013.38	\$ 59,591.02	\$ 23,205.45	\$ 6,053.62	\$ 329,686.06	\$ 48,569.73	\$ 29,195.00	\$ 5,676.23	\$ 646,195.91
Samaritan Regional Health System	\$ 58,205.44	\$ 86,013.38	\$ 77,608.72	\$ 23,205.45	\$ 6,053.62	\$ 430,603.25	\$ 63,467.45	\$ 38,149.96	\$ 7,413.73	\$ 790,720.98
The Bellevue Hospital	\$ 58,205.44	\$ 86,013.38	\$ 43,153.82	\$ 23,205.45	\$ 6,053.62	\$ 237,621.27	\$ 34,978.82	\$ 21,025.57	\$ 4,091.14	\$ 514,348.49
Twin City Hospital	\$ 58,205.44	\$ 86,013.38	\$ 134,190.62	\$ 23,205.45	\$ 6,053.62	\$ 747,518.61	\$ 110,251.54	\$ 66,271.66	\$ 12,870.09	\$ 1,244,580.40
UHHS Conneaut Medical Center	\$ 58,205.44	\$ 86,013.38	\$ 67,683.18	\$ 23,205.45	\$ 6,053.62	\$ 375,010.27	\$ 55,260.64	\$ 33,216.88	\$ 6,456.58	\$ 711,105.42
UHHS Geneva Medical Center	\$ 58,205.44	\$ 86,013.38	\$ 44,469.58	\$ 23,205.45	\$ 6,053.62	\$ 240,454.03	\$ 35,397.00	\$ 21,276.93	\$ 4,139.92	\$ 519,215.33
Union Hospital	\$ 58,205.44	\$ 86,013.38	\$ 60,728.98	\$ 23,205.45	\$ 6,053.62	\$ 336,059.78	\$ 49,510.64	\$ 29,760.58	\$ 5,785.97	\$ 655,323.81
Wooster Community Hospital	\$ 58,205.44	\$ 86,013.38	\$ 103,212.82	\$ 23,205.45	\$ 6,053.62	\$ 574,011.87	\$ 84,637.91	\$ 50,875.42	\$ 9,882.81	\$ 996,098.71
Total	\$ 931,287.00	\$ 1,376,214.00	\$ 1,320,728.92	\$ 371,287.12	\$ 96,857.85	\$ 7,324,121.77	\$ 1,081,313.64	\$ 649,972.06	\$ 126,100.00	\$ 13,277,882.36

Costing and Invoicing Plan

<u>Invoice Month</u>	<u>Vendor Amounts</u>								<u>FCC Funding</u>	<u>1C Funding</u>	<u>FCC Burn Rate</u>
	<u>OFS FiteI</u>	<u>AD Technologies</u>	<u>Multilink</u>	<u>Fujitsu</u>	<u>Texcel</u>	<u>GNJ Construction</u>	<u>1C Construction Management</u>	<u>Make Ready &amp; Permits</u>			
Feb-10						\$610,343.4808	\$54,164.34	241,482.7245	\$ 770,091.96	\$ 135,898.58	6.82%
Mar-10	\$ 440,242.97	\$ 123,762.3733				\$610,343.4808	\$54,164.34	241,482.7245	\$ 1,249,496.51	\$ 220,499.38	17.89%
Apr-10			\$96,857.85	\$1,376,214.00		\$610,343.4808	\$54,164.34	241,482.7245	\$ 2,022,203.04	\$ 356,859.36	35.81%
May-10					\$931,287.00	\$610,343.4808	\$54,164.34	241,482.7245	\$ 1,561,685.91	\$ 275,591.63	49.65%
Jun-10	\$ 440,242.97	\$ 123,762.3733				\$610,343.4808	\$54,164.34	241,482.7245	\$ 1,249,496.51	\$ 220,499.38	60.72%
Jul-10						\$610,343.4808	\$54,164.34		\$ 564,831.65	\$ 99,676.17	65.72%
Aug-10						\$610,343.4808	\$54,164.34		\$ 564,831.65	\$ 99,676.17	70.73%
Sep-10	\$ 440,242.97	\$ 123,762.3733				\$610,343.4808	\$54,164.34		\$ 1,044,236.19	\$ 184,276.97	79.98%
Oct-10						\$610,343.4808	\$54,164.34		\$ 564,831.65	\$ 99,676.17	84.99%
Nov-10						\$610,343.4808	\$54,164.34		\$ 564,831.65	\$ 99,676.17	89.99%
Dec-10						\$610,343.4808	\$54,164.34		\$ 564,831.65	\$ 99,676.17	95.00%
Jan-11						\$610,343.4808	\$54,164.34		\$ 564,831.65	\$ 99,676.17	100.00%
	\$ 1,320,728.91	\$ 371,287.12	\$ 96,857.85	\$ 1,376,214.00	\$ 931,287.00	\$ 7,324,121.77	\$ 649,972.08	\$ 1,207,413.62	\$ 11,286,200.00	\$ 1,991,682.35	
FCC Match	\$ 1,122,619.57	\$ 315,594.05	\$ 82,329.17	\$ 1,169,781.90	\$ 791,593.95	\$ 6,225,503.50	\$ 552,476.27	\$ 1,026,301.58			

## **7.0 Connection Requirements for Ineligible Entities**

OneCommunity builds all networks as “open access” which means that other service providers can participate in using OneCommunity’s infrastructure transport. The extension of our current network with the addition of the FCC build extends this open access to additional regional areas who cannot either obtain or afford broadband access.

Ineligible entities do not require any additional technical requirements nor additional procedures in order to connect to the OneCommunity network. With the exception of increased pricing compared to eligible entities, connection to the network can be accomplished by direct loop or through a lateral build. Separate last mile providers can participate in the connecting of these entities.

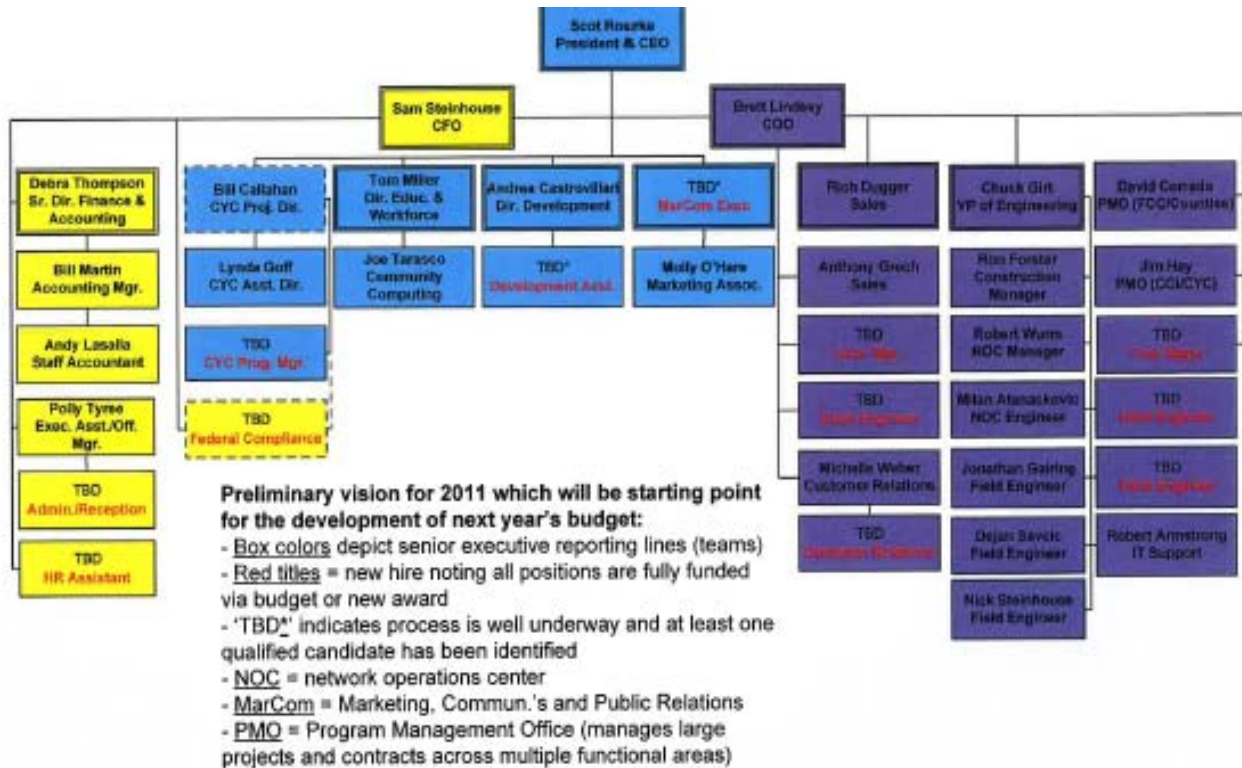
No ineligible entities are participating in the project.

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## 8.0 Project Management

### a) Current Leadership and Management Structure



### b) Detailed Project Plan

ID	Task Name	% Work Complete	Work	OH Strand	OH Fiber	UG Conduit Placed	UG Fiber Placed	2009 H1	2009 H2	2010 H1	2010 H2	2011 H1	2011 H2	2012 H1	2012 H2
1	<b>FCC HealthNet Network Build</b>	64%	17,646.9 hrs												
2	Phase 1	63%	17,142.9 hrs												
3	Eastern Zone	72%	2,417.05 hrs												
4	Segment E-1 (Ashtabula-Conneaut)	99%	719.53 hrs												
5	Conduct site walkout	100%	84 hrs												
6	Aerial	100%	42 hrs												
7	Obtain pole information	100%	10.5 hrs												
8	Gather pole birthmark (if available)	100%	10.5 hrs												
9	Obtain utility name who owns each pole	100%	10.5 hrs												
10	Measure individual utilities on poles	100%	10.5 hrs												
11	Underground	100%	42 hrs												
12	Identify underground locations	100%	10.5 hrs												
13	Identify riser poles	100%	10.5 hrs												
14	Location of pull vaults	100%	10.5 hrs												
15	Gather information on construction obstacles	100%	10.5 hrs												
16	Summarize walkout information and enter into CAD drawings	100%	29.13 hrs												
17	Verify field information	100%	9.72 hrs												
18	Define detailed project plan for aerial & underground work	100%	14.57 hrs												
19	Aerial Approvals	100%	233 hrs												
20	Submit pole information to utilities	100%	16 hrs												
21	Pay 100% of engineering invoice	100%	0.5 hrs												
22	Pay 100% of make-ready invoice	100%	0.5 hrs												
23	Conduct make-ready work	100%	160 hrs												
24	Receive approval to access poles	100%	56 hrs												
25	Underground Approvals	100%	0 hrs												
26	Submit underground information to municipalities, county	100%	0 hrs												
27	Pay 100% of permit cost	100%	0 hrs												
28	Receive underground permits	100%	0 hrs												
29	Field Construction	100%	329.72 hrs												
30	Conduct underground work	100%	200 hrs												





ID		Task Name	% Work Complete	Work	OH Strand	OH Fiber	UG Conduit Placed	UG Fiber Placed	2009						2010		2011		2012	
									H1	H2	H1	H2	H1	H2	H1	H2	H1	H2	H1	H2
301		<b>Segment W-5 (Clyde-Bellevue)</b>	<b>68%</b>	<b>437.68 hrs</b>																
302	✓	<b>Conduct site walkout</b>	<b>100%</b>	<b>40 hrs</b>																
303	✓	<b>Aerial</b>	<b>100%</b>	<b>20 hrs</b>																
304	✓	Obtain pole information	100%	5 hrs																
305	✓	Gather pole birthmark (if available)	100%	5 hrs																
306	✓	Obtain utility name who owns each pole	100%	5 hrs																
307	✓	Measure individual utilities on poles	100%	5 hrs																
308	✓	<b>Underground</b>	<b>100%</b>	<b>20 hrs</b>																
309	✓	Identify underground locations	100%	5 hrs																
310	✓	Identify riser poles	100%	5 hrs																
311	✓	Location of pull vaults	100%	5 hrs																
312	✓	Gather information on construction obstacles	100%	5 hrs																
313	✓	Summarize walkout information and enter into CAD drawings	100%	32 hrs																
314	✓	Verify field information	100%	8 hrs																
315	✓	Define detailed project plan for aerial & underground work	100%	5.87 hrs																
316		<b>Aerial Approvals</b>	<b>78%</b>	<b>20.5 hrs</b>																
317	✓	Submit pole information to utilities	100%	16 hrs																
318	✗	Pay 100% of engineering invoice	0%	4 hrs																
319		Pay 100% of make-ready invoice	0%	0.5 hrs																
320		Conduct make-ready work	0%	0 hrs																
321		Receive approval to access poles	0%	0 hrs																
322	✓	<b>Underground Approvals</b>	<b>100%</b>	<b>0 hrs</b>																
323	✓	Submit underground information to municipalities, county	100%	0 hrs																
324	✓	Pay 100% of permit cost	100%	0 hrs																
325	✓	Receive underground permits	100%	0 hrs																
326		<b>Field Construction</b>	<b>61%</b>	<b>320.43 hrs</b>																
327	✓	Conduct underground work	100%	0 hrs																
328	✓	Conduct pole work	100%	195 hrs	28180	31180														
329		Test spliced fibers (entire segment)	0%	5.43 hrs																
330		Implement lateral and inside fiber connection	0%	80 hrs																
331		Install network electronics (core, distribution and edge)	0%	40 hrs																
332		<b>Signoff acceptance</b>	<b>0%</b>	<b>10.88 hrs</b>																
333		As built drawings	0%	5.43 hrs																
334		Splicing diagram	0%	1.37 hrs																
335		Link loss report	0%	1.37 hrs																
336		Packing slips	0%	1.37 hrs																
337		Pre-test documentation	0%	1.37 hrs																
338		<b>Segment W-6 (Bellevue-Ilorwalk)</b>	<b>48%</b>	<b>733.6 hrs</b>																
339	✓	<b>Conduct site walkout</b>	<b>100%</b>	<b>50 hrs</b>																
340	✓	<b>Aerial</b>	<b>100%</b>	<b>25 hrs</b>																
341	✓	Obtain pole information	100%	6.25 hrs																
342	✓	Gather pole birthmark (if available)	100%	6.25 hrs																
343	✓	Obtain utility name who owns each pole	100%	6.25 hrs																
344	✓	Measure individual utilities on poles	100%	6.25 hrs																
345	✓	<b>Underground</b>	<b>100%</b>	<b>25 hrs</b>																
346	✓	Identify underground locations	100%	6.25 hrs																
347	✓	Identify riser poles	100%	6.25 hrs																
348	✓	Location of pull vaults	100%	6.25 hrs																
349	✓	Gather information on construction obstacles	100%	6.25 hrs																
350	✓	Summarize walkout information and enter into CAD drawings	100%	28 hrs																
351	✓	Verify field information	100%	9.67 hrs																
352	✓	Define detailed project plan for aerial & underground work	100%	14.48 hrs																
353		<b>Aerial Approvals</b>	<b>97%</b>	<b>19.5 hrs</b>																
354	✓	Submit pole information to utilities	100%	15 hrs																
355	✓	Pay 100% of engineering invoice	100%	4 hrs																
356		Pay 100% of make-ready invoice	0%	0.5 hrs																
357		Conduct make-ready work	0%	0 hrs																
358		Receive approval to access poles	0%	0 hrs																
359	✓	<b>Underground Approvals</b>	<b>100%</b>	<b>0 hrs</b>																
360	✓	Submit underground information to municipalities, county	100%	0 hrs																
361	✓	Pay 100% of permit cost	100%	0 hrs																
362	✓	Receive underground permits	100%	0 hrs																
363		<b>Field Construction</b>	<b>39%</b>	<b>592.67 hrs</b>																
364	✗	Conduct underground work	61%	223 hrs			12540													
365		Conduct pole work	39%	240 hrs	26540															
366		Test spliced fibers (entire segment)	0%	9.67 hrs																
367		Implement lateral and inside fiber connection	0%	80 hrs																
368		Install network electronics (core, distribution and edge)	0%	40 hrs																
369		<b>Signoff acceptance</b>	<b>0%</b>	<b>19.3 hrs</b>																
370		As built drawings	0%	9.67 hrs																
371		Splicing diagram	0%	2.42 hrs																
372		Link loss report	0%	2.42 hrs																
373		Packing slips	0%	2.42 hrs																
374		Pre-test documentation	0%	2.42 hrs																
375		<b>Segment W-7 (Ilorwalk - Ashland)</b>	<b>42%</b>	<b>1,004.87 hrs</b>																
376	✓	<b>Conduct site walkout</b>	<b>100%</b>	<b>96 hrs</b>																
377	✓	<b>Aerial</b>	<b>100%</b>	<b>48 hrs</b>																
378	✓	Obtain pole information	100%	12 hrs																
379	✓	Gather pole birthmark (if available)	100%	12 hrs																
380	✓	Obtain utility name who owns each pole	100%	12 hrs																
381	✓	Measure individual utilities on poles	100%	12 hrs																
382	✓	<b>Underground</b>	<b>100%</b>	<b>48 hrs</b>																
383	✓	Identify underground locations	100%	12 hrs																
384	✓	Identify riser poles	100%	12 hrs																
385	✓	Location of pull vaults	100%	12 hrs																
386	✓	Gather information on construction obstacles	100%	12 hrs																
387	✓	Summarize walkout information and enter into CAD drawings	100%	88 hrs																
388	✓	Verify field information	100%	20.25 hrs																
389	✓	Define detailed project plan for aerial & underground work	100%	30.38 hrs																
390		<b>Aerial Approvals</b>	<b>78%</b>	<b>20.5 hrs</b>																







ID	Task Name	% Work Complete	Work	OH Strand	OH Fiber	UG Conduit Placed	UG Fiber Placed	2009 H1	2009 H2	2010 H1	2010 H2	2011 H1	2011 H2	2012 H1	2012 H2
661	✓ Verify payment received by vendor	100%	0 hrs												
662	✓ <b>Order 2</b>	100%	0 hrs												
663	✓ Fiber Order	100%	0 hrs												
664	✓ Receive invoice	100%	0 hrs												
665	✓ Generate work verification report	100%	0 hrs												
666	✓ Pay 15% of invoice	100%	0 hrs												
667	✓ Sign payment verification (USAC form)	100%	0 hrs												
668	✓ Submit USAC forms for 85% payment	100%	0 hrs												
669	✓ Verify payment received by vendor	100%	0 hrs												
670	✓ <b>Order 3</b>	0%	0 hrs												
671	✓ Fiber Order	100%	0 hrs												
672	✓ Receive invoice	100%	0 hrs												
673	✓ Generate work verification report	100%	0 hrs												
674	✗ Pay 15% of invoice	0%	0 hrs												
675	✓ Sign payment verification (USAC form)	0%	0 hrs												
676	✓ Submit USAC forms for 85% payment	0%	0 hrs												
677	✓ Verify payment received by vendor	0%	0 hrs												
678	✓ <b>A0 Technologies (4-decimal places)</b>	0%	0 hrs												
679	✓ <b>Order 1</b>	100%	0 hrs												
680	✓ Conduit Order	100%	0 hrs												
681	✓ Receive invoice	100%	0 hrs												
682	✓ Generate work verification report	100%	0 hrs												
683	✓ Pay 15% of invoice	100%	0 hrs												
684	✓ Sign payment verification (USAC form)	100%	0 hrs												
685	✓ Submit USAC forms for 85% payment	100%	0 hrs												
686	✓ Verify payment received by vendor	100%	0 hrs												
687	✓ <b>Order 2</b>	0%	0 hrs												
688	✓ Conduit Order	100%	0 hrs												
689	✓ Receive invoice	0%	0 hrs												
690	✓ Generate work verification report	0%	0 hrs												
691	✓ Pay 15% of invoice	0%	0 hrs												
692	✓ Sign payment verification (USAC form)	0%	0 hrs												
693	✓ Submit USAC forms for 85% payment	0%	0 hrs												
694	✓ Verify payment received by vendor	0%	0 hrs												
695	✓ <b>Order 3</b>	0%	0 hrs												
696	✓ Coupler Order	100%	0 hrs												
697	✓ Receive invoice	100%	0 hrs												
698	✓ Generate work verification report	100%	0 hrs												
699	✓ Pay 15% of invoice	0%	0 hrs												
700	✓ Sign payment verification (USAC form)	0%	0 hrs												
701	✓ Submit USAC forms for 85% payment	0%	0 hrs												
702	✓ Verify payment received by vendor	0%	0 hrs												
703	✓ <b>Multilink</b>	100%	88 hrs												
704	✓ <b>Order 1</b>	100%	88 hrs												
705	✓ Material Order	100%	0 hrs												
706	✓ Receive invoice	100%	0 hrs												
707	✓ Generate work verification report	100%	0 hrs												
708	✓ Pay 15% of invoice	100%	88 hrs												
709	✓ Sign payment verification (USAC form)	100%	0 hrs												
710	✓ Submit USAC forms for 85% payment	100%	0 hrs												
711	✓ Verify payment received by vendor	100%	0 hrs												
712	✓ <b>Fujitsu</b>	100%	408 hrs												
713	✓ <b>Order 1</b>	100%	408 hrs												
714	✓ DWDOM Equipment Order	100%	0 hrs												
715	✓ Receive invoice	100%	0 hrs												
716	✓ Generate work verification report	100%	408 hrs												
717	✓ Pay 15% of invoice	100%	0 hrs												
718	✓ Sign payment verification (USAC form)	100%	0 hrs												
719	✓ Submit USAC forms for 85% payment	100%	0 hrs												
720	✓ Verify payment received by vendor	100%	0 hrs												
721	✓ <b>Texcel</b>	100%	0 hrs												
722	✓ <b>Order 1</b>	100%	0 hrs												
723	✓ Cisco Equipment Order	100%	0 hrs												
724	✓ Receive invoice	100%	0 hrs												
725	✓ Generate work verification report	100%	0 hrs												
726	✓ Pay 15% of invoice	100%	0 hrs												
727	✓ Sign payment verification (USAC form)	100%	0 hrs												
728	✓ Submit USAC forms for 85% payment	100%	0 hrs												
729	✓ Verify payment received by vendor	100%	0 hrs												
730	✓ <b>GIJ Construction (4-decimal places)</b>	0%	0 hrs												
731	✓ <b>Order 1</b>	100%	0 hrs												
732	✓ Fiber Installation	100%	0 hrs												
733	✓ Receive invoice	100%	0 hrs												
734	✓ Generate work verification report	100%	0 hrs												
735	✓ Pay 15% of invoice	100%	0 hrs												
736	✓ Sign payment verification (USAC form)	100%	0 hrs												
737	✓ Submit USAC forms for 85% payment	100%	0 hrs												
738	✓ Verify payment received by vendor	100%	0 hrs												
739	✓ <b>Order 2</b>	100%	0 hrs												
740	✓ Fiber Installation	100%	0 hrs												
741	✓ Receive invoice	100%	0 hrs												
742	✓ Generate work verification report	100%	0 hrs												
743	✓ Pay 15% of invoice	100%	0 hrs												
744	✓ Sign payment verification (USAC form)	100%	0 hrs												
745	✓ Submit USAC forms for 85% payment	100%	0 hrs												
746	✓ Verify payment received by vendor	100%	0 hrs												
747	✓ <b>Order 3</b>	100%	0 hrs												
748	✓ Fiber Installation	100%	0 hrs												
749	✓ Receive invoice	100%	0 hrs												
750	✓ Generate work verification report	100%	0 hrs												



ID	Task Name	% Work Complete	Work	OH Strand	OH Fiber	UG Conduit Placed	UG Fiber Placed	2009 H1	2009 H2	2010 H1	2010 H2	2011 H1	2011 H2	2012 H1	2012 H2
751	✓ Pay 15% of invoice	100%	0 hrs												
752	✓ Sign payment verification (USAC form)	100%	0 hrs												
753	✓ Submit USAC forms for 85% payment	100%	0 hrs												
754	✓ Verify payment received by vendor	100%	0 hrs												
755	✓ <b>Order 4</b>	100%	0 hrs												
756	✓ Fiber Installation	100%	0 hrs												
757	✓ Receive invoice	100%	0 hrs												
758	✓ Generate work verification report	100%	0 hrs												
759	✓ Pay 15% of invoice	100%	0 hrs												
760	✓ Sign payment verification (USAC form)	100%	0 hrs												
761	✓ Submit USAC forms for 85% payment	100%	0 hrs												
762	✓ Verify payment received by vendor	100%	0 hrs												
763	✓ <b>Order 5</b>	100%	0 hrs												
764	✓ Fiber Installation	100%	0 hrs												
765	✓ Receive invoice	100%	0 hrs												
766	✓ Generate work verification report	100%	0 hrs												
767	✓ Pay 15% of invoice	100%	0 hrs												
768	✓ Sign payment verification (USAC form)	100%	0 hrs												
769	✓ Submit USAC forms for 85% payment	100%	0 hrs												
770	✓ Verify payment received by vendor	100%	0 hrs												
771	✓ <b>Order 6</b>	100%	0 hrs												
772	✓ Fiber Installation	100%	0 hrs												
773	✓ Receive invoice	100%	0 hrs												
774	✓ Generate work verification report	100%	0 hrs												
775	✓ Pay 15% of invoice	100%	0 hrs												
776	✓ Sign payment verification (USAC form)	100%	0 hrs												
777	✓ Submit USAC forms for 85% payment	100%	0 hrs												
778	✓ Verify payment received by vendor	100%	0 hrs												
779	✓ <b>Order 7</b>	100%	0 hrs												
780	✓ Fiber Installation	100%	0 hrs												
781	✓ Receive invoice	100%	0 hrs												
782	✓ Generate work verification report	100%	0 hrs												
783	✓ Pay 15% of invoice	100%	0 hrs												
784	✓ Sign payment verification (USAC form)	100%	0 hrs												
785	✓ Submit USAC forms for 85% payment	100%	0 hrs												
786	✓ Verify payment received by vendor	100%	0 hrs												
787	✓ <b>Order 8</b>	0%	0 hrs												
788	✓ Fiber Installation	100%	0 hrs												
789	✓ Receive invoice	100%	0 hrs												
790	✓ Generate work verification report	100%	0 hrs												
791	✗ Pay 15% of invoice	0%	0 hrs												
792	✗ Sign payment verification (USAC form)	0%	0 hrs												
793	✗ Submit USAC forms for 85% payment	0%	0 hrs												
794	✗ Verify payment received by vendor	0%	0 hrs												
795	✗ <b>Order 9</b>	0%	0 hrs												
796	✗ Fiber Installation	0%	0 hrs												
797	✗ Receive invoice	0%	0 hrs												
798	✗ Generate work verification report	0%	0 hrs												
799	✗ Pay 15% of invoice	0%	0 hrs												
800	✗ Sign payment verification (USAC form)	0%	0 hrs												
801	✗ Submit USAC forms for 85% payment	0%	0 hrs												
802	✗ Verify payment received by vendor	0%	0 hrs												
803	✗ <b>Order 10</b>	0%	0 hrs												
804	✗ Fiber Installation	0%	0 hrs												
805	✗ Receive invoice	0%	0 hrs												
806	✗ Generate work verification report	0%	0 hrs												
807	✗ Pay 15% of invoice	0%	0 hrs												
808	✗ Sign payment verification (USAC form)	0%	0 hrs												
809	✗ Submit USAC forms for 85% payment	0%	0 hrs												
810	✗ Verify payment received by vendor	0%	0 hrs												
811	✗ <b>Order 11</b>	0%	0 hrs												
812	✗ Fiber Installation	0%	0 hrs												
813	✗ Receive invoice	0%	0 hrs												
814	✗ Generate work verification report	0%	0 hrs												
815	✗ Pay 15% of invoice	0%	0 hrs												
816	✗ Sign payment verification (USAC form)	0%	0 hrs												
817	✗ Submit USAC forms for 85% payment	0%	0 hrs												
818	✗ Verify payment received by vendor	0%	0 hrs												
819	✗ <b>Order 12</b>	0%	0 hrs												
820	✗ Fiber Installation	0%	0 hrs												
821	✗ Receive invoice	0%	0 hrs												
822	✗ Generate work verification report	0%	0 hrs												
823	✗ Pay 15% of invoice	0%	0 hrs												
824	✗ Sign payment verification (USAC form)	0%	0 hrs												
825	✗ Submit USAC forms for 85% payment	0%	0 hrs												
826	✗ Verify payment received by vendor	0%	0 hrs												
827	✗ <b>Construction Management</b>	100%	8 hrs												
828	✓ <b>Order 1</b>	100%	0 hrs												
829	✓ Construction Management	100%	0 hrs												
830	✓ Receive invoice	100%	0 hrs												
831	✓ Generate work verification report	100%	0 hrs												
832	✓ Pay 15% of invoice	100%	0 hrs												
833	✓ Sign payment verification (USAC form)	100%	0 hrs												
834	✓ Submit USAC forms for 85% payment	100%	0 hrs												
835	✓ Verify payment received by vendor	100%	0 hrs												
836	✓ <b>Order 2</b>	100%	0 hrs												
837	✓ Construction Management	100%	0 hrs												
838	✓ Receive invoice	100%	0 hrs												
839	✓ Generate work verification report	100%	0 hrs												
840	✓ Pay 15% of invoice	100%	0 hrs												

ID	Task Name	% Work Complete	Work	OH Strand	OH Fiber	UG Conduit Placed	UG Fiber Placed	2009 H1	2009 H2	2010 H1	2010 H2	2011 H1	2011 H2	2012 H1	2012 H2
841	✓ Sign payment verification (USAC form)	100%	0 hrs												
842	✓ Submit USAC forms for 85% payment	100%	0 hrs												
843	✓ Verify payment received by vendor	100%	0 hrs												
844	✓ <b>Order 3</b>	100%	8 hrs												
845	✓ Construction Management	100%	0 hrs												
846	✓ Receive invoice	100%	0 hrs												
847	✓ Generate work verification report	100%	0 hrs												
848	✓ Pay 15% of invoice	100%	0 hrs												
849	✓ Sign payment verification (USAC form)	100%	0 hrs												
850	✓ Submit USAC forms for 85% payment	100%	0 hrs												
851	✓ Verify payment received by vendor	100%	8 hrs												
852	✓ <b>Order 4</b>	100%	0 hrs												
853	✓ Construction Management	100%	0 hrs												
854	✓ Receive invoice	100%	0 hrs												
855	✓ Generate work verification report	100%	0 hrs												
856	✓ Pay 15% of invoice	100%	0 hrs												
857	✓ Sign payment verification (USAC form)	100%	0 hrs												
858	✓ Submit USAC forms for 85% payment	100%	0 hrs												
859	✓ Verify payment received by vendor	100%	0 hrs												
860	✓ <b>Order 5</b>	100%	0 hrs												
861	✓ Construction Management	100%	0 hrs												
862	✓ Receive invoice	100%	0 hrs												
863	✓ Generate work verification report	100%	0 hrs												
864	✓ Pay 15% of invoice	100%	0 hrs												
865	✓ Sign payment verification (USAC form)	100%	0 hrs												
866	✓ Submit USAC forms for 85% payment	100%	0 hrs												
867	✓ Verify payment received by vendor	100%	0 hrs												
868	✓ <b>Order 6</b>	100%	0 hrs												
869	✓ Construction Management	100%	0 hrs												
870	✓ Receive invoice	100%	0 hrs												
871	✓ Generate work verification report	100%	0 hrs												
872	✓ Pay 15% of invoice	100%	0 hrs												
873	✓ Sign payment verification (USAC form)	100%	0 hrs												
874	✓ Submit USAC forms for 85% payment	100%	0 hrs												
875	✓ Verify payment received by vendor	100%	0 hrs												
876	✓ <b>Order 7</b>	100%	0 hrs												
877	✓ Construction Management	100%	0 hrs												
878	✓ Receive invoice	100%	0 hrs												
879	✓ Generate work verification report	100%	0 hrs												
880	✓ Pay 15% of invoice	100%	0 hrs												
881	✓ Sign payment verification (USAC form)	100%	0 hrs												
882	✓ Submit USAC forms for 85% payment	100%	0 hrs												
883	✓ Verify payment received by vendor	100%	0 hrs												
884	✓ <b>Order 8</b>	0%	0 hrs												
885	✓ Construction Management	100%	0 hrs												
886	✓ Receive invoice	100%	0 hrs												
887	✓ Generate work verification report	100%	0 hrs												
888	✓ Pay 15% of invoice	100%	0 hrs												
889	✓ Sign payment verification (USAC form)	100%	0 hrs												
890	✓ Submit USAC forms for 85% payment	100%	0 hrs												
891	✓ Verify payment received by vendor	0%	0 hrs												
892	✓ <b>Order 9</b>	0%	0 hrs												
893	✓ Construction Management	0%	0 hrs												
894	✓ Receive invoice	0%	0 hrs												
895	✓ Generate work verification report	0%	0 hrs												
896	✓ Pay 15% of invoice	0%	0 hrs												
897	✓ Sign payment verification (USAC form)	0%	0 hrs												
898	✓ Submit USAC forms for 85% payment	0%	0 hrs												
899	✓ Verify payment received by vendor	0%	0 hrs												
900	✓ <b>Order 10</b>	0%	0 hrs												
901	✓ Construction Management	0%	0 hrs												
902	✓ Receive invoice	0%	0 hrs												
903	✓ Generate work verification report	0%	0 hrs												
904	✓ Pay 15% of invoice	0%	0 hrs												
905	✓ Sign payment verification (USAC form)	0%	0 hrs												
906	✓ Submit USAC forms for 85% payment	0%	0 hrs												
907	✓ Verify payment received by vendor	0%	0 hrs												
908	✓ <b>Order 11</b>	0%	0 hrs												
909	✓ Construction Management	0%	0 hrs												
910	✓ Receive invoice	0%	0 hrs												
911	✓ Generate work verification report	0%	0 hrs												
912	✓ Pay 15% of invoice	0%	0 hrs												
913	✓ Sign payment verification (USAC form)	0%	0 hrs												
914	✓ Submit USAC forms for 85% payment	0%	0 hrs												
915	✓ Verify payment received by vendor	0%	0 hrs												
916	✓ <b>Order 12</b>	0%	0 hrs												
917	✓ Construction Management	0%	0 hrs												
918	✓ Receive invoice	0%	0 hrs												
919	✓ Generate work verification report	0%	0 hrs												
920	✓ Pay 15% of invoice	0%	0 hrs												
921	✓ Sign payment verification (USAC form)	0%	0 hrs												
922	✓ Submit USAC forms for 85% payment	0%	0 hrs												
923	✓ Verify payment received by vendor	0%	0 hrs												
924	✓ <b>Make Ready and Permits</b>	0%	0 hrs												
925	✓ <b>Order 1</b>	100%	0 hrs												
926	✓ Make Ready	100%	0 hrs												
927	✓ Receive invoice	100%	0 hrs												
928	✓ Generate work verification report	100%	0 hrs												
929	✓ Pay 15% of invoice	100%	0 hrs												
930	✓ Sign payment verification (USAC form)	100%	0 hrs												

ID		Task Name	% Work Complete	Work	OH Strand	OH Fiber	UG Conduit Placed	UG Fiber Placed	2009		2010		2011		2012	
									H1	H2	H1	H2	H1	H2	H1	H2
931	✓	Submit USAC forms for 85% payment	100%	0 hrs												
932	✓	Verify payment received by vendor	100%	0 hrs												
933	✓	<b>Order 2</b>	<b>100%</b>	<b>0 hrs</b>												
934	✓	Make Ready	100%	0 hrs												
935	✓	Receive invoice	100%	0 hrs												
936	✓	Generate work verification report	100%	0 hrs												
937	✓	Pay 15% of invoice	100%	0 hrs												
938	✓	Sign payment verification (USAC form)	100%	0 hrs												
939	✓	Submit USAC forms for 85% payment	100%	0 hrs												
940	✓	Verify payment received by vendor	100%	0 hrs												
941	✓	<b>Order 3</b>	<b>100%</b>	<b>0 hrs</b>												
942	✓	Make Ready	100%	0 hrs												
943	✓	Receive invoice	100%	0 hrs												
944	✓	Generate work verification report	100%	0 hrs												
945	✓	Pay 15% of invoice	100%	0 hrs												
946	✓	Sign payment verification (USAC form)	100%	0 hrs												
947	✓	Submit USAC forms for 85% payment	100%	0 hrs												
948	✓	Verify payment received by vendor	100%	0 hrs												
949	✓	<b>Order 4</b>	<b>100%</b>	<b>0 hrs</b>												
950	✓	Make Ready	100%	0 hrs												
951	✓	Receive invoice	100%	0 hrs												
952	✓	Generate work verification report	100%	0 hrs												
953	✓	Pay 15% of invoice	100%	0 hrs												
954	✓	Sign payment verification (USAC form)	100%	0 hrs												
955	✓	Submit USAC forms for 85% payment	100%	0 hrs												
956	✓	Verify payment received by vendor	100%	0 hrs												
957	✓	<b>Order 5</b>	<b>100%</b>	<b>0 hrs</b>												
958	✓	Make Ready	100%	0 hrs												
959	✓	Receive invoice	100%	0 hrs												
960	✓	Generate work verification report	100%	0 hrs												
961	✓	Pay 15% of invoice	100%	0 hrs												
962	✓	Sign payment verification (USAC form)	100%	0 hrs												
963	✓	Submit USAC forms for 85% payment	100%	0 hrs												
964	✓	Verify payment received by vendor	100%	0 hrs												
965	✓	<b>Order 6</b>	<b>100%</b>	<b>0 hrs</b>												
966	✓	Make Ready	100%	0 hrs												
967	✓	Receive invoice	100%	0 hrs												
968	✓	Generate work verification report	100%	0 hrs												
969	✓	Pay 15% of invoice	100%	0 hrs												
970	✓	Sign payment verification (USAC form)	100%	0 hrs												
971	✓	Submit USAC forms for 85% payment	100%	0 hrs												
972	✓	Verify payment received by vendor	100%	0 hrs												
973	✓	<b>Order 7</b>	<b>100%</b>	<b>0 hrs</b>												
974	✓	Make Ready	100%	0 hrs												
975	✓	Receive invoice	100%	0 hrs												
976	✓	Generate work verification report	100%	0 hrs												
977	✓	Pay 15% of invoice	100%	0 hrs												
978	✓	Sign payment verification (USAC form)	100%	0 hrs												
979	✓	Submit USAC forms for 85% payment	100%	0 hrs												
980	✓	Verify payment received by vendor	100%	0 hrs												
981	✓	<b>Order 8</b>	<b>0%</b>	<b>0 hrs</b>												
982	✓	Make Ready	100%	0 hrs												
983	✓	Receive invoice	100%	0 hrs												
984	✓	Generate work verification report	100%	0 hrs												
985	✓	Pay 15% of invoice	100%	0 hrs												
986	✓	Sign payment verification (USAC form)	100%	0 hrs												
987	✓	Submit USAC forms for 85% payment	100%	0 hrs												
988		Verify payment received by vendor	0%	0 hrs												

## 9.0 Network Sustainability Model

1. Analysis of the costs anticipated under the accepted bid proposals received in response to the HealthNet FCC RHCPP Network Infrastructure Procurement Request for Proposal, (FY 2008, RFP) affirms that the OneCommunity/NEO RHIO HealthNet Sustainability Plan described in the RHCPP application is reasonable and valid.
2. **OneCommunity/NEO RHIO will be the owner operator of HealthNet** and provide network services to the HealthNet members funded under the FCC RHCPP grant.
  - a. The HealthNet model is based on investing and capitalizing fiber/network assets on behalf of the community with the intended purpose of providing community subscribers access to high capacity fiber network services while lowering subscriber operational expenses. OneCommunity is a non-profit organization focused on using technology to address the community's top social priorities. As a result OneCommunity has attracted over \$50 million in new stakeholder and private investment for community based projects.
  - b. OneCommunity/NEO RHIO currently provides HealthNet network services to over 62 acute care hospitals and clinics. Subscribers of these services contribute capital and monthly recurring service fees under a 5 years' operating agreement with options extend services on a yearly basis thereafter.
  - c. RHC HealthNet Subscribers will pay a 50% of the cost for a fully redundant 1 Gbps fiber connection. This is an 85% reduction in operating costs for similar services and provides sufficient earned income to cover on-going operational expenses associated with the rural deployment of HealthNet.
3. **OneCommunity/NEO RHIO will fund 15% matching dollars** necessary to complete the project and proposed budget specific to HealthNet and additional capacity build-out..
  - a. **HealthNet contributions, service fees of over \$1 Million**
  - b. **10 Year long term capital note of \$3.5 Million**
  - c. **Budgeted Earned Income/Expenses**

	5 Year Impact & Program Forecast Based on FCC RHCPP					
	Start-Up 2009	12 months 2010	12 months 2011	12 months 2012	12 months 2013	5 Year Total Total
<b>Earned Income Enabled by FCC RHCPP and Additional Capacity Build-Out</b>						
Funds from Financing						-
FCC RHCP Grant Re-Imbursement Revenue	6,107,139	5,179,842		-	-	11,286,982
Additional Capacity Fiber Build-Out	1,837,908	2,845,625				4,683,533
Access Services	100,530	1,607,055	3,292,402	4,825,805	6,207,263	16,033,055
Integration Non Recurring Charge	277,233	1,249,817	1,254,000	1,254,000	1,254,000	5,289,050
<b>Total Earned Income</b>	<b>8,322,811</b>	<b>10,882,339</b>	<b>4,546,402</b>	<b>6,079,805</b>	<b>7,461,263</b>	<b>37,292,619</b>
<b>Expenses</b>						
Staffing Additions	-	6,563	185,764	402,822	661,497	1,256,646
FCC Contract Services	1,616,470	5,647,478	-	-	-	7,263,948
FCC Capital	4,781,527	-	-	-	-	4,781,527
Additional Capacity Fiber Build-Out	1,216,958	1,849,656				3,066,614
Access Services	56,740	998,324	2,109,527	3,196,420	4,259,001	10,620,012
Capital - Integration Non Recurring Charge	144,250	662,508	664,600	664,600	664,600	2,800,558
<b>Total Expense</b>	<b>7,815,945</b>	<b>9,157,966</b>	<b>2,774,127</b>	<b>3,861,020</b>	<b>4,923,601</b>	<b>28,532,660</b>
<b>Earnings Before Interest and Taxes</b>	<b>506,865</b>	<b>1,724,373</b>	<b>1,772,275</b>	<b>2,218,785</b>	<b>2,537,662</b>	<b>8,759,960</b>
\$3,500,000 term interest and Pay		212,325	509,580	509,580	509,580	1,741,065
Interest on Capital Line	(4,662)	(36,793)	-	-	-	(41,454)
<b>Net Earned Income over Expenses</b>	<b>511,527</b>	<b>1,548,841</b>	<b>1,262,695</b>	<b>1,709,205</b>	<b>2,028,082</b>	<b>7,060,349</b>

**4. Earned Income/Overcapacity requests for rural access outside of the qualified HealthNet subscribers will require additional capital investments from OneCommunity and from the requesting subscribers for the development, implementation and operations to support the expansion and development of any additional capacity.**

- a. OneCommunity will invest additional funding to support fiber build-out as required to connect non-HealthNet subscribers.
- b. Earned Income; In addition to HealthNet subscribers other public interest groups from schools, libraries, non-profits, local, county and state government are requesting access to the fiber network and are proposing to contribute dollars for additional capital deployment and operational expenses which will provide additional earned income to cover our regional operating and maintenance of the fiber/wireless network.
  - i. Capital contribution in proportion to the subscribers use of the fiber network
  - ii. Earned Income at a non-discounted FCC RHCPP rate
- c. Local, county and state government organizations have engaged OneCommunity/NEO RHIO to investigate and lead efforts for additional ARRA funding to address the region's top social priorities facing our public interest in rural, unserved and underserved communities. OneCommunity/NEO RHIO will be seeking additional funding sources to cover the needs of our rural and unserved communities.

5. **OneCommunity has over 5 years of operational sustainability** and has created an operational business model that will ensure sustainability throughout the useful life (e.g., 20 years) of the regional fiber plant and has operated EBITA positive every year since it was created in 2003.
  - a. Existing operational fiber network supporting over 62 hospitals and clinics and over 350 fiber subscribers.
    - i. Minimum term of the contract is 60 months. Subscribers sign up for a 5 year operational support agreement with options to extend service on an annual basis thereafter.
    - ii. Fiber Construction/Capital investments for long-term services such as IRUs are entered in a minimum of 10 years with options for 5 year extensions thereafter.
  - b. Expanded FCC RHCPP fiber plant serving rural health care acute hospitals and clinics as an extension of the existing regional/urban fiber infrastructure requires a marginal annual operational investment of \$200K annually fully funded under the existing operational agreements for the rural hospital build-out.
6. The following are the sustainability plans for each proposed scenario:
  - a. **First Scenario:**

In the event that the FCC replaces the current RHC program with a program that mirrors the Pilot Project, the HealthNet partners will be able to maintain the network as designed and potentially accelerate further network development through a further reduction in operating expenses. HealthNet subscribers would directly benefit from additional investment and see a further reduction in expenses; easily enabling them to cover the 15% cost match for access to the HealthNet network. The network partners would continue to fund their portions of the costs out of operations.
  - b. **Second Scenario:**

In this scenario all universal service funding for rural health care organizations is phased out. The current RHC program has contributed to the deployment of a regional fiber plant with a long term life (e.g., greater than 20 years) to the benefit of its HealthNet partners. The network offers significantly greater capacity to HealthNet subscribers for substantially lower fees than they have in the past. HealthNet subscribers will have no trouble sustaining the current level of operating costs without the RHC subsidies. These costs have been manageable and are funded out of current operating budgets. Since the current RHC program does not fund excess capacity partner organizations will continue to fund any additional capital costs necessary for expanded connectivity through their respective capital plans.

The following table provides details of estimated costs for each of the two scenarios described in the Sustainability Plan above. Rural Health Care reimbursements are estimated based on the current Program, where possible.

In year 3 and beyond, NEO RHIO anticipates two possible scenarios related to sustainability. In the **first scenario**, the Pilot Project replaces the current Universal Service, Rural Health Care (RHC) program and funding continues at up to 85%. In the **second scenario**, the FCC phases out and eventually eliminates all funding.

Facility	City	State	Partner	Connectivity		Annual Cost		Notes
				Circuit (Mbps)	Gross MRC	Scenario 1	Scenario 2	
Samaritan Regional Health System	Ashland	Ohio	NEO RHIO	1,000	1,236	2,225	14,832	Scenario 1 Assumes RHC USF Funding of 85% Scenario 2 Assumes RHC USF Does Not provide any future funding
Ashtabula County Medical Center	Ashtabula	Ohio	NEO RHIO	1,000	1,236	2,225	14,832	
Glenbeigh of Rock Creek	Ashtabula	Ohio	NEO RHIO	1,000	1,236	2,225	14,832	
Jefferson Health Center	Jefferson	Ohio	NEO RHIO	1,000	1,236	2,225	14,832	
Conneaut Medical Center	Conneaut	Ohio	NEO RHIO	1,000	1,236	2,225	14,832	
Geneva Medical Center	Geneva	Ohio	NEO RHIO	1,000	1,236	2,225	14,832	
Firelands Regional Medical Center	Sandusky	Ohio	NEO RHIO	1,000	1,236	2,225	14,832	
Fisher Titus Medical Center	Norwalk	Ohio	NEO RHIO	1,000	1,236	2,225	14,832	
H.B. Magruder Memorial Hospital	Clinton	Ohio	NEO RHIO	1,000	1,236	2,225	14,832	
Bellevue	Bellevue	Ohio	NEO RHIO	1,000	1,236	2,225	14,832	
Memorial	Fremont	Ohio	NEO RHIO	1,000	1,236	2,225	14,832	
Twin City	Dennison	Ohio	NEO RHIO	1,000	1,236	2,225	14,832	
Union Hospital	Dover	Ohio	NEO RHIO	1,000	1,236	2,225	14,832	
Wooster Community	Wooster	Ohio	NEO RHIO	1,000	1,236	2,225	14,832	
Coshocton County Memorial Hospital	Coshocton	Ohio	NEO RHIO	1,000	1,236	2,225	14,832	
East Liverpool City Hospital	East Liverpool	Ohio	NEO RHIO	1,000	1,236	2,225	14,832	

#### Excess Bandwidth and Excess Capacity Scenarios

##### Scenario 1: *Participant Owns 100% of Dedicated Network; No-Excess Bandwidth or Excess Capacity for Use by Other Network Members or Non-Network Members*

The participant contracts with vendor to construct dedicated network capacity for current eligible HCP members<sup>1</sup>, with the participant getting ownership of the fiber or an IRU. The participant owns 100% of the fiber, or an IRU. The participant pays not less than 15% of the eligible costs for the IRU, and universal service funds pay for not more than 85% of such eligible costs.

An IRU is for the specified bandwidth/number of fibers only, and excess capacity is not likely to be an issue. Any capacity paid for by universal service funds belong to the participant.

In the case of an IRU, the participant does not control how much additional capacity the vendor builds on its own, because the price paid by the participant for the IRU is set by competitive bidding.<sup>(2)</sup> However, in reviewing bids, a participant should receive sufficient information to determine whether it is paying construction costs. See Scenario 7. If the price is based on construction costs and the participant is paying more than a fair share of construction costs, an IRU would not be appropriate, and the participant should obtain ownership (possibly joint ownership) of what is being constructed.

The participant must certify selection of the most cost-effective bid and USAC will verify that cost was a primary factor in selection.

## 20 Year HealthNet Program Forecast

	Start-Up 2010	12 months 2011	12 months 2012	12 months 2013	12 months 2014	12 months 2015	12 months 2016	12 months 2017	12 months 2018	12 months 2019	12 months 2020
FCC RHCPP Revenue											
Investment	1,565,143	1,565,143									
Internet Access		90,000	117,000	152,100	197,730	257,049	282,754	311,029	342,132	376,345	413,980
Internet 2/National Lambda Rail Connection	102,000	107,100	112,455	118,078	123,982	130,181	143,199	157,519	173,271	190,598	209,657
1 Gbps access (Redundant Ring Architecture)		279,000	651,000	971,850	1,339,200	1,581,000	1,739,100	1,913,010	2,104,311	2,314,742	2,546,216
PSTN / SIP trunking		420,000	546,000	709,800	922,740	1,199,562	1,319,518	1,451,470	1,596,617	1,756,279	1,931,907
Integration Non Recurring Charge		196,000	294,000	308,700	324,135	340,342	374,376	411,814	452,995	498,294	548,124
<b>Total Revenue</b>	<b>1,667,143</b>	<b>2,657,243</b>	<b>1,720,455</b>	<b>2,260,528</b>	<b>2,907,787</b>	<b>3,508,133</b>	<b>3,858,947</b>	<b>4,244,841</b>	<b>4,669,326</b>	<b>5,136,258</b>	<b>5,649,884</b>
Staffing/Engineering & Construction											
Staffing/Engineering & Construction	1,565,143	1,565,143									
Internet Access		29,700	38,610	50,193	65,251	84,826	93,309	102,640	112,904	124,194	136,613
Internet 2/National Lambda Rail Connection	102,000	96,900	98,838	100,815	102,831	104,888	106,985	109,125	111,308	113,534	115,804
1 Gbps access (Redundant Ring Architecture)		209,250	423,150	631,703	870,480	1,027,650	1,130,415	1,243,457	1,367,802	1,504,582	1,655,041
PSTN / SIP trunking		300,000	436,800	567,840	738,192	959,650	1,055,615	1,161,176	1,277,294	1,405,023	1,545,525
Depreciation Costs		763,528	849,956	885,589	893,929	909,850	950,410	978,841	822,018	773,189	780,795
<b>Total Expense</b>	<b>1,667,143</b>	<b>2,964,521</b>	<b>1,847,354</b>	<b>2,236,139</b>	<b>2,670,683</b>	<b>3,086,863</b>	<b>3,336,734</b>	<b>3,595,238</b>	<b>3,691,325</b>	<b>3,920,522</b>	<b>4,233,779</b>
<b>Net Revenue over (Expenses)</b>	<b>-</b>	<b>(307,278)</b>	<b>(126,899)</b>	<b>24,388</b>	<b>237,104</b>	<b>421,270</b>	<b>522,213</b>	<b>649,603</b>	<b>978,000</b>	<b>1,215,736</b>	<b>1,416,105</b>



## 20 Year HealthNet Program Forecast

	12 months 2021	12 months 2022	12 months 2023	12 months 2024	12 months 2025	12 months 2026	12 months 2027	12 months 2028	12 months 2029	12 months 2030
FCC RHCPP Revenue										
Investment										
Internet Access	455,378	500,916	551,007	606,108	666,719	733,391	806,730	887,403	976,143	1,073,757
Internet 2/National Lambda Rail Connection	230,623	253,685	279,054	306,959	337,655	371,421	408,563	449,419	494,361	543,797
1 Gbps access (Redundant Ring Architecture)	2,800,838	3,080,922	3,389,014	3,727,915	4,100,707	4,510,778	4,961,855	5,458,041	6,003,845	6,604,229
PSTN / SIP trunking	2,125,097	2,337,607	2,571,368	2,828,504	3,111,355	3,422,490	3,764,739	4,141,213	4,555,335	5,010,868
Integration Non Recurring Charge	602,936	663,230	729,553	802,508	882,759	971,035	1,068,138	1,174,952	1,292,447	1,421,692
Total Revenue	6,214,872	6,836,360	7,519,996	8,271,995	9,099,195	10,009,114	11,010,026	12,111,028	13,322,131	14,654,344
Staffing/Engineering & Construction										
Internet Access	150,275	165,302	181,832	200,016	220,017	242,019	266,221	292,843	322,127	354,340
Internet 2/National Lambda Rail Connection	118,121	120,483	122,893	125,350	127,857	130,415	133,023	135,683	138,397	141,165
1 Gbps access (Redundant Ring Architecture)	1,820,545	2,002,599	2,202,859	2,423,145	2,665,459	2,932,005	3,225,206	3,547,727	3,902,499	4,292,749
PSTN / SIP trunking	1,700,078	1,870,086	2,057,094	2,262,804	2,489,084	2,737,992	3,011,792	3,312,971	3,644,268	4,008,695
Depreciation Costs	824,171	867,722	895,554	945,776	1,003,531	574,011	574,011	574,011	574,011	574,011
Total Expense	4,613,188	5,026,192	5,460,233	5,957,091	6,505,949	6,616,442	7,210,252	7,863,234	8,581,302	9,370,959
Net Revenue over (Expenses)	1,601,684	1,810,168	2,059,763	2,314,904	2,593,246	3,392,672	3,799,774	4,247,794	4,740,829	5,283,385

## **10.0 Detail on How the Supported Network Has Advanced Telemedicine Benefits**

The goal of HealthNet is to extend the current network and install additional gigabyte optical fiber connections to hospitals in the rural areas of Northeastern Ohio. In order to provide the levels of broadband that are required for Health Information Exchange (HIE) and telemedicine applications, the kinds of services that are routinely available in rural areas are not sufficient. Typically, rural areas may have access to T1 circuits (1 .5 Mbps), but generally these services are extremely expensive and there are typically no services faster than T1 available at an affordable and sustainable price.

In order to satisfactorily transmit and receive medical imaging, and to improve the quality of medical care that can be provided, speeds in a different order of magnitude are required. HealthNet will provide 100 Mbps of bandwidth, upstream and downstream, to all locations connected via wireless, and will provide 1 gigabit of bandwidth, upstream and downstream, to all locations connected via fiber. In our proposed network design, over 80% of the locations included in our proposal will have the benefit of at least 1 gigabit.

Transport capability provides for advanced services that augment the distribution and aggregation of medical records. Services such as voice over IP and full duplex video provide a positive impact to the sustainability model and reduces operational costs for healthcare customers.

Shared services across a common high-speed network infrastructure can eliminate redundant operational costs. In addition, shared services builds on standardization which reduces cost through increased efficiency.

## **11.0 Compliance with HHS Health IT Initiatives**

OneCommunity/NEO RHIO are uniquely positioned to help local and regional health care facilities along with a state OHIP-led, REC achieve its EHR adoption, meaningful use, and HIE objectives throughout the entire Northern portion of Ohio, especially (but not limited to) rural areas. OneCommunity's reach - which mirrors the areas touched by its federally-funded and State-supported broadband initiatives - extends into 58 of Ohio's 88 counties, touches 80% of the State's population, and provides unparalleled access to several thousand priority providers representing 100's of hospitals, clinics and 1000's of priority practices.

More than 60 hospitals and clinics are served by one of OneCommunity's broadband projects (two thirds of them are rural). For instance, broadband infrastructure is already being deployed (construction beginning November 2009) to dozens of rural facilities in Northeastern Ohio under the \$11M, FCC-funded HealthNet project. An additional \$163M (funding decision pending) will be used to extend similar infrastructure and services throughout the aforementioned Northern Ohio counties, with \$30M set aside for public interest sites (including health care facilities).

The importance of these facilities - and OneCommunity's existing relationship with them - to the success of the REC cannot be overstated. Rural hospitals represent the ideal channel for engaging and supporting priority providers who admit patients to those hospitals. Most - if not all - of these hospitals have been developing or are already struggling to execute strategies to deliver (and even partially fund) EHRs to affiliated practices. Many are finding that they don't have the human or financial resources to fully support this, even without considering the additional resources required to help their community affiliates achieve meaningful use. Working collaboratively (and perhaps even sharing resources) with OneCommunity and the REC, these hospitals will help to ensure the sustainability and success not only of their individual community strategy, but

of the REC itself. In short, OneCommunity's relationships with these "last mile" hospitals will help to ensure access to all priority providers and streamline the REC's operational efficiency.

In order to help fulfill the REC's meaningful use mission in Northern Ohio, OneCommunity has already formed a collaborative including several other regionally-based organizations, including Ohio KePRO, Better Health Greater Cleveland, and NEO RHIO. KePRO - the Medicare QIO for Ohio, based in Cleveland - has been doing foundational meaningful use work throughout Ohio for the past several years. They are prepared to ramp up staffing and thus provide the so-called "boots on the ground" needed to provide actual technical assistance services to the practices recruited through OneCommunity's hospital relationships. Better Health Greater Cleveland (BHGC) - the regional Aligning Forces for Quality organization funded by the Robert Wood Johnson Foundation initially in 2007 - is perhaps the nation's (and certainly Ohio's) leading expert on how to improve clinical performance with and extract quality data from EHRs. Through OneCommunity and the REC, BHGC will be able to effectively and efficiently "distribute" this know-how beyond Cuyahoga County to the far corners of the region. NEO RHIO - directly supported by OneCommunity in its early stages - will help OneCommunity and recruited practices address health information exchange (HIE) and interoperability aspects of meaningful use, as well as to synchronize and integrate with State HIE infrastructure and policy.

OneCommunity has also already engaged numerous other regionally-relevant organizations, each of whom will support one or more aspects of the REC's mission, including adoption, education, informatics workforce development / job placement, and public health. For the moment, these organizations primarily represent Northeastern Ohio (and mostly the Cleveland / Akron-Canton corridor) but OneCommunity is prepared to rapidly engage similar organizations throughout Northern Ohio. Those organizations that have already declared their intent to support regional REC-related activities through OneCommunity include professional societies (the Academy of Medicine of Cleveland and Northern Ohio), hospital associations (the Center for Health Affairs and the Akron Regional Hospital Association), hospitals (University Hospitals Health System, Mercy Hospital System, Summa), FQHCs (Neighborhood Family Practice of Cleveland), institutions of higher learning (Case Western Reserve University, Cuyahoga Community College), health plans (Medical Mutual of Ohio), health departments (Cleveland Department of Public Health and the Cuyahoga County Board of Health), business coalitions (Health Action Council), and workforce agencies (the Cuyahoga County Workforce Development Board).

Lastly, for the past two years, OneCommunity has been leading the Community Clinical Data Sharing Network (CCDSN) project, funded by United Way. Under this project, OneCommunity has been helping a half-dozen FQHCs and free clinics select, acquire and implement EHRs in a way that will ensure community interoperability. OneCommunity will leverage this experience to extend similar services to priority practices - especially those serving rural and other underserved populations - throughout the region. In addition to the local/regional efforts OneCommunity and NEO RHIO are working with local and other state Telehealth partners to create a statewide approach for Telehealth services.

## 12.0 Network Coordination with the Department of Health and Human Services (HHS)

HealthNet has become the interconnected framework for inter hospital and health information throughout the region and is supporting health information exchange locally and as appropriate through Internet2 and National Lambda Rail nationally. Numerous R&D and data pilots have developing supporting local and national HER/HIE services.

OneCommunity/NEO RHIO are working with numerous counties, the regional Health Action Council, public health officials and others for the development of a number of medical home initiatives for the development of emergency communications for emergency and public health response.

OneCommunity/NEO RHIO are also working with statewide Health Services and the Governors creation of the Ohio Health Information Partnership to provide an integrated regional/statewide solution for HER/HIE and public health management.

### Statewide Strategy

The Ohio Health Information Partnership (OHIP) has received approval through the Office of the National Coordinator (ONC) to submit its full application to serve as the statewide regional extension center (REC) for Ohio. The application identifies three principal objectives for OHIP's approach in pursuing a statewide extension center. These objectives are:

1. To integrate and synchronize adoption activities with the statewide health information exchange (HIE);
2. To coordinate a statewide strategy that ensures statewide adoption, especially in rural areas; and
3. To ensure a consistent level of quality for health information technology (HIT) support services offered statewide in support of both electronic health record (EHR) adoption and subsequent use.

OHIP has identified that many of the resources needed to achieve widespread adoption of EHRs and the achievement of meaningful use by health care providers already exist within the state. These resources, however, are not currently coordinated in an effort that best supports the broader health care community. It is the intention of OHIP to create regional partnerships with existing entities to create a coordinated effort that will provide Ohio's health care community with the resources necessary to adopt EHRs and achieve meaningful use. These regional partners may include, but are not limited to, hospitals systems, physician groups, quality improvement organizations, universities and community colleges, professional associations, consultants and operational HIEs. OneCommunity/NEO RHIO have indorsed and committed to providing regional support for the State OHIP initiative.

### HIE and EHR synchronization

One step in creating an effective, coordinated effort is identifying that there is a natural correlation between EHRs and an HIE. Providers are driven to adopt EHRs not only to obtain efficiencies in their office, but to increase the quality, safety and efficiency of patient care through the seamless ability to exchange health information with other providers of care. The value of an HIE to a provider is directly related to the number of HIE participants and the timeliness and type of data exchanged pertaining to their patients. For many health care providers, especially small practices and primary care providers, the cost and effort associated with purchasing, implementing and utilizing an EHR is only justified if an HIE is available. As more participants use EHRs to link their patient's health information to an HIE, the value of the HIE increases. For this reason, OHIP/OneCommunity will develop these two roles in tandem.

## Statewide Adoption of EHRs

Ohio has several large urban communities that are home to some of the most technologically advanced health care providers in the country. In contrast, approximately 20% of Ohio's population lives in a rural area that may lack the necessary resources and infrastructure to support the adoption of EHRs. Therefore, it is critical to have a strategy that supports the statewide adoption of EHRs. Without this focus, small group and rural providers who need the most help with adoption run the risk of being neglected.

To ensure comprehensive, statewide adoption, we will develop a transparent and competitive process to identify and select its regional partners. A designated regional partner may be a collaboration of entities that work together to serve their region. An example of this concept is a hospital system, physician's group, local HIE and community college that work together to create a single regional entity. This is just an example of entities that may collaborate but is not an exhaustive list of possibilities. These partners must currently provide educational or technical EHR support and commit to work with both urban and rural areas to ensure statewide coverage and meet the goals OHIP has established. Due to the breadth of knowledge and experience required from these regional partners, a collaboration of entities will have the capacity to meet those goals. OHIP plans to divide the state into regions and request that these potential partners provide plans to serve their respective regions.

## Consistent Quality

To ensure consistent quality, the REC application has outlined three levels of achievement: REC program outcomes, provider-specific milestones and meaningful use criteria. At the program level, the Health Information Technology Regional Center (HITRC) has established the required outcomes that each regional partner must accomplish such as increasing the number of priority primary care providers that are actively using EHRs. On the provider level, the HITRC has articulated the three milestones that every provider must meet such as adopting EHRs, going live with their EHR and meeting the meaningful use requirements of an EHR. Finally, the Department of Health and Human Services (HHS) has developed meaningful use criteria that will be required to meet the third milestone established by HITRC.

To assist providers in meeting these milestones, OHIP will establish core requirements and materials for its regional partners to ensure that every provider, regardless of geographic location, receives the consistent quality necessary to achieve meaningful use EHR services. While OHIP plans to establish core requirements and materials consistent with HITRC guidance, they do not plan to specify how regional partners must achieve their objectives. The goal is to ensure that each region is receiving the same quality while allowing regional partners to develop flexible delivery models to meet their specific geographic needs. Focusing on milestones and not process is important when taking into account the cultural, market, and political differences within health care delivery depending on each region in the state. For example, the way in which these services are delivered in the Cleveland metropolitan area will be different from the way in which those services are delivered in an Appalachian region and both may differ from how those services are delivered in the Cincinnati metropolitan area. OHIP's strategy would allow different approaches in different regions while still achieving the same outcomes.

## Service Delivery Overview

Under OHIP's proposed regional partnership model, some services will be provided directly by OHIP while other services will be provided through regional partners or delivered through a coordinated effort of both OHIP and the regional partner. The following section outlines whether OHIP, the regional partner or both will provide the service to the provider.

- Education and Outreach Services  
Responsible Party: Joint

OHIP will be responsible for developing core course materials and online resources to be used by our regional partners consistent with information provided through the HITRC.

Regional partners will be responsible for disseminating materials to providers in their regions, providing individual and group training sessions, providing supplemental materials related to the specific needs of their region and making individual provider visits when necessary.

- National Learning Consortium  
Responsible Party: OHIP

OHIP will be responsible for representing Ohio in HITRC events. They will also convey Ohio's needs and position in federally led efforts. OHIP will collect and disseminate information to regional partners via the education and outreach services as well as through regular communication methods.

- Vendor Selection & Group Purchasing  
Responsible Party: OHIP

OHIP will work with its board members, regional partners and others to structure group-purchasing opportunities. The goal is to identify discounted EHR opportunities through bulk purchasing or existing HIE networks. These opportunities do not represent preferred nor required vendors, but are simply an identification of discounted systems offerings.

- Implementation and Project Management  
Responsible Party: Regional partners

Regional partners will be responsible for supplying direct technical assistance and project management services to individual providers working to achieve meaningful use through the implementation of an EHR. Services should include individualized and on-site coaching, consultation, troubleshooting, organizational readiness, IT infrastructure assessments and remediation, software configuration, system optimization and training for all staff.

- Practice and Workflow Redesign  
Responsible Party: Regional partners

Regional partners will be responsible for providing direct, hands-on assistance to the providers who would like to achieve EHR meaningful use. These services include redesigning and documenting related clinical and administrative processes and assisting in tailoring functions and policies for clinicians and support staff so that clinical and administrative efficiency can be achieved.

Additionally, regional partners will need to ensure that each practice is meeting HHS's defined criteria for meaningful use by payment year, such as:

- Implementing electronic administrative transactions,
  - Utilizing electronic prescribing,
  - Participating in electronic laboratory ordering and receipt of results,
  - Sharing key clinical data across practice settings,
  - Providing patient access to their health information,
  - Public health reporting, and
  - The adoption of policies and practices that protect the privacy and security of personal health information.
- Functional Interoperability and HIE  
Responsible Party: Joint

Through its role in managing the statewide HIE, OHIP will identify detailed technical and participation requirements for connecting to the statewide HIE. Additionally, OHIP will work with any exchange functioning within Ohio to help maintain consistent standards for providers needing to access the statewide exchange through any HIE.

The regional partners will assist individual providers through the technical process of connecting to a local HIE or directly to the statewide HIE.

- Privacy and Security Best Practices  
Responsible Party: OHIP

OHIP will publish best practices and share national standards relating to security and privacy. Regional partners will be responsible for ensuring that individual providers are aware of and implement these practices and standards.

- Local Workforce Support  
Responsible Party: Joint

OHIP will help coordinate and establish training for workforce support services at a statewide level in conjunction with the higher education system and other statewide training providers. These services will be available through our regional partners.

Regional partners will be responsible for utilizing the statewide services established by OHIP. Additionally, regional partners should work with local organizations to supplement and customize the statewide services.